

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083156

1. Entity Name

ST. TROPEZ DESIGN CORP.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90034 020 ***150.00

Principal Place of Business

Mailing Address

C/O MOYAL & ASSOCIATES INC
 82 N UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

C/O MOYAL & ASSOCIATES INC
 82 N UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024-6730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0865452

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COUSSON, ESTHER P
 C/O MOYAL & ASSOCIATES INC
 82 N UNIVERSITY DRIVE
 PEMBROKE PINES FL 33024

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME D
 STREET ADDRESS COUSSON, ESTHER P
 CITY-ST-ZIP 17220 NW 64 AVE #208 MIAMI FL 33075 # 5151 Collins Ave # 529 - Miami Beach FL 33140

TITLE President / D Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME D
 STREET ADDRESS BREDBACK, MARC
 CITY-ST-ZIP 9201 COLLINS AVE #506 SURFSIDE FL 33154

TITLE Secretary Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/2000
 Date

305-265-0475
 Daytime Phone #

CR2E034 (9/99)