

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100333

1. Entity Name  
DESIGNSIGHT INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90249 011 \*\*\*150.00

Principal Place of Business  
3333 N.E. 33RD STREET  
FORT LAUDERDALE FL 33308

Mailing Address  
3333 N.E. 33RD STREET  
FORT LAUDERDALE FL 33308

645690



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3000 N.E. 30<sup>th</sup> PLACE  
Suite, Apt. #, etc. 202B

3. Mailing Address  
3000 N.E. 30<sup>th</sup> PLACE  
Suite, Apt. #, etc. 202B

City & State  
FT. LAUDERDALE FL.  
Zip 33306 Country USA.

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Zip 33306 Country USA.

4. FEI Number 65-0880348  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARKER, MICHAEL  
3333 N.E. 33RD STREET  
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name ARKER, MICHAEL  
Street Address (P.O. Box Number is Not Acceptable) 3000 N.E. 30<sup>th</sup> PLACE #202B  
City FT. LAUDERDALE FL Zip Code 33306

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, 2001 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PINHAS, WILLIAM 2500 NE 135TH ST N MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS PINHAS, WILLIAM 3000 N.E. 30 <sup>th</sup> PL #202B FT. LAUDERDALE, FL 33306.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William R. Pinhas WILLIAM R. PINHAS. 4/23/01 954-562-8719  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)