

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90114 001 \*\*\*150.00

0063041 AV

**DOCUMENT # P99000005103**

1. Entity Name  
**CWL DESIGNS, INC.**

(LA)

Principal Place of Business  
**6822 N.W. 20TH AVENUE  
 FORT LAUDERDALE FL 33309**

Mailing Address  
**6822 N.W. 20TH AVENUE  
 FORT LAUDERDALE FL 33309**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 Zip Country

4. FEI Number **65-0889862**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**KOPROWSKI, PAUL A  
 10031 PINES BOULEVARD  
 SUITE 224  
 PEMBROKE PINES FL 33024**

7. Name and Address of New Registered Agent

Name **Christine L. Price**

Street Address (P.O. Box Number is Not Acceptable)  
**6822 NW 20th Avenue**

City **Fort Lauderdale** FL Zip Code **33309**

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 *Christine L. Price*  
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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>D LECOMPT, CHRISTINE 2486 N.W. 91ST AVENUE CORAL SPRINGS FL 33065</b>	<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	<b>OWNER Price, Christine LeCompte 2545 SE 14th St Pompano Beach, FL 33062</b>	<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
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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: *Christine L. Price* **7/5/01** **954-984-0775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachments  
**CWL Designs**  
Fine Linens & Fabrics

7/5/01

# POA 000005103  
773000

Attn: Department of State

From: Christine LeCompte Price

To whom it may concern,

Today, July 5<sup>th</sup>, I received the 2001 Uniform Business Report for the first time. My new accountant informed me that I should have received this form back in the beginning of the year, and payment was to be received by May 1<sup>st</sup>.

To my knowledge this form was sent to my registered agent listed on the form. It was my registered agents responsibility to file all forms and to inform me of all reports due. He must have received this and he did not inform me that this form was due. He has not been my agent for over a year.

Enclosed is the updated information and the \$150.00 payment. Please accept this for my payment in full. If you have any questions please contact me at 954-984-0775.

Thank you.

Sincerely,



Christine LeCompte Price  
Owner

**Balique**

6822 N.W. 20th Avenue • Fort Lauderdale, Florida 33309  
(954) 984-0775 • Fax: (954) 984-2927