

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90450 001 \*\*\*150.00  
02-03-2003 90450 002 \*\*\*\*\*8.75

**DOCUMENT # P99000007540**

1. Entity Name  
**DESIGNS BY DALIA, INC.**



Principal Place of Business  
**7165 S.W. 47TH STREET  
#315  
MIAMI FL 33155**

Mailing Address  
**7165 S.W. 47TH STREET  
#315  
MIAMI FL 33155**



2. Principal Place of Business

**7165 SW 47th St**

Suite, Apt. #, etc.  
**Suite # 318**

City & State  
**Miami Fla**

Zip  
**33155**

Country  
**USA**

3. Mailing Address

**7165 SW 47th St**

Suite, Apt. #, etc.  
**Suite # 318**

City & State  
**Miami Fla**

Zip  
**33155**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0870312**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, DALIA  
7165 S.W. 47TH STREET  
#315  
MIAMI FL 33155**

*New Suite No.*

7. Name and Address of New Registered Agent

Name **MARTINEZ Dalia**  
Street Address (P.O. Box Number is Not Acceptable)  
**7165 SW 47th Street**  
Suite #, 318  
City **Miami** FL Zip Code **33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dalia Martinez*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-29-03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARTINEZ, DALIA 9050 S.W. 68TH STREET MIAMI FL 33173	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Dalia Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-29-03 666-4688**  
Date Daytime Phone #

CR2034 (10/02)