

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG 16 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 0900002408  
1. Entity Name  
DESIGNS BY D.L.G., INC. #116  
5401 NW 102 AVE  
SUNRISE FL 33351-8735

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 00-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0908221 Applied For ☐ Not Applicable ☐

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	<u>Leticia E. Achils</u>
Street Address (P.O. Box Number is Not Acceptable)	<u>2036 Winners Circle</u>
City	<u>North Lauderdale FL</u>
Zip Code	<u>33068</u>

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 Leticia E. Achils Leticia E. Achils 7/10/02  
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) ☐ January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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	<u>D</u>	TITLE	<u>100007287811--8</u>
NAME	<u>LETICIA E. ACHILS</u>	NAME	<u>-08/22/02--01059--029</u>
STREET ADDRESS	<u>2036 Winners Circle</u>	STREET ADDRESS	<u>***1050.00 ***1050.00</u>
CITY-ST-ZIP	<u>N. Lauderdale, FL 33068</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Leticia E. Achils 4/15/02 954-749-0720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)