

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000030884

1. Entity Name

DESIGNS BY Nanci DELMONTI, INC.

REINSTATEMENT

2001

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 17 PM 1:14

Principal Place of Business

Mailing Address

1000 SPANISH RIVER ROAD 4-C
BOCA RATON FL 33432

1000 SPANISH RIVER ROAD 4-C
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3565281

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DELMONTI, Nanci

8840 D. SOUTHWEST 19TH CT.

BOCA RATON FL 33433

Name Nanci Delmonti

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

1000 Spanish River Rd. 4-C

City BOCA RATON

FL

Zip Code
33432

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

Nanci Delmonti

(NOTE: Registered Agent signature required when reinstating)

12/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete

NAME D
STREET ADDRESS DELMONTI, Nanci
CITY-ST-ZIP 1000 SPANISH RIVER ROAD 4-C
BOCA RATON FL 33432

TITLE ☐ Change ☐ Addition

NAME 600004744776--2
STREET ADDRESS -12/31/01--01050--015
CITY-ST-ZIP ***750.00 ***750.00

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME **REINSTATEMENT**
STREET ADDRESS 2001
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:

Nanci Delmonti

12/12/01

561-417-8339

CR2E034 (10/00)