2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031143

1. Entity Name
DEEN DESIGNS, INC.

Principal Place of Business	Mailing Address
~~2936 WHITEHEAD STREET~~ 2560 Tigertail Avenue #3 MIAMI FL 33133	~~2936 WHITEHEAD STREET~~ MIAMI FL 33133 2560 Tigertail Avenue - #3

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 2560 Tigertail Ave.
Suite, Apt. #, etc. #3
City & State MIAMI FL
Zip 33133 Country USA

3. Mailing Address 2560 Tigertail Ave.
Suite, Apt. #, etc. #3
City & State MIAMI FL
Zip 33133 Country USA

4. FEI Number 65-0958906
Applied For ☐ / Not Applicable ☐

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

6. Name and Address of Current Registered Agent
~~WHITAKER-ROBINSON, SITA~~
~~2936 WHITEHEAD STREET~~
~~MIAMI FL 33133~~

7. Name and Address of New Registered Agent
Name DIANE DEEN
Street Address (P.O. Box Number is Not Acceptable)
2560 Tigertail Ave. #3
City MIAMI FL Zip Code 33133

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 _____ DIANE DEEN PRESIDENT 2/12/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME DEEN, DIANE STREET ADDRESS 2936 WHITEHEAD STREET CITY-ST-ZIP MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: _____ 2/12/2003 305-860-3060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #