2000 UNIFORM BUSINESS REPORT (UBR)

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

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # **P99000038968** HSDESIGN OF FORT LAUDERDALE, INC. 02-01-2000 90131 008 ***150.00 Mailing Address Principal Place of Business 3661 N.W. 119 AVENUE 3661 N.W. 119 AVENUE SUNRISE FL 33323-2642 SUNRISE FL 33323 2. Principal Place of Business 3. Mailing Address 87 NE 44th ST Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 47 Applied For City & State City & State 4. FEI Number 65-09/6342 ئىلىدىشىرىيى Aot Aيىرىشىدىك FORT LAUDERDALE FLORIDA Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required... USA 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name · NEJIB.: HOWARD Street Address (P.O. Box Number is Not Acceptable) 3661 N.W. 119 AVENUE SUNRISE FL 33323 Zip Code 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. HOWARD L. NEJIB PRESIDENT (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME **NEJIB. HOWARD** NAME STREET ADDRESS STREET ADDRESS 3661 N.W. 119 AVENUE CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33323 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

HOWARD L. NESIB

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED