2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90078 018 ***150.00

DOCUMENT # P99000045599

1. Entity Name
MASTER DESIGN GROUP, INC.

Principal Place of Business	Mailing Address
17334 LAKE PARK RD. BOCA RATON FL 33487-1119	17334 LAKE PARK RD. BOCA RATON FL 33487-1119

U0007983

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3500 NW Boca Raton Bl	3500 NW Boca Raton Bl.
Suite, Apt. #, etc. Boca Raton FL	Suite, Apt. #, etc. Boca Raton FL
City & State	City & State
Zip 33431 Country USA	Zip 33431 Country USA

4. FEI Number 65-0923673 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARITZ, NEIL S ESQ.
DREIER & BARITZ
150 E. PALMETTO PARK RD., STE. 401
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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.

SIGNATURE ______________________________
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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 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

TITLE	CPST	☐ Delete
NAME	DEL GIGANTE, JOANNE	
STREET ADDRESS	17334 LAKE PARK RD.	
CITY-ST-ZIP	BOCA RATON FL 33487-1119	
TITLE	CEO	☑ Delete
NAME	DEL GIGANTE, JOANNE	
STREET ADDRESS	17334 LAKE PARK RD.	
CITY-ST-ZIP	BOCA RATON FL 33487-1119	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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: Joanne Del Gigante Joanne Del Gigante 1/14/00 561-338-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #