

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**  
 03-01-2001 91336 022 \*\*\*150.00

**DOCUMENT # P99000045989**

1. Entity Name  
**SERVICE DESIGN, INC.**

Principal Place of Business <b>C/O MOYAL &amp; ASSOCIATES, INC.</b> <del>82 N. UNIVERSITY DR.</del> <b>PEMBROKE PINES FL 33024</b>	Mailing Address <b>C/O MOYAL &amp; ASSOCIATES, INC.</b> <del>82 N. UNIVERSITY DR.</del> <b>PEMBROKE PINES FL 33024</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <b>208 N. university drive</b> City & State <b>Pembroke Pines FL</b> Zip <b>33024</b> Country <b>USA</b>	3. Mailing Address Suite, Apt. #, etc. <b>208 N. university drive</b> City & State <b>Pembroke Pines FL</b> Zip <b>33024</b> Country
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4. FEI Number <b>65-0936165</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BENSISSA, AMAL</b> <b>C/O MOYAL &amp; ASSOCIATES, INC.</b> <del>82 N. UNIVERSITY DR.</del> <b>PEMBROKE PINES FL 33024</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>208 N. university drive</b> City <b>Pembroke Pines FL</b> Zip Code <b>33024</b>
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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 \_\_\_\_\_ (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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENAISSA, AMAL <del>82 N. UNIVERSITY DR.</del> PEMBROKE PINES FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>208 N. university drive</b> <b>Pembroke Pines FL 33024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <del>TRIGANO, SYLVIE</del> <del>7 RUE DES CARMES</del> <del>PARIS, FRANCE 75005</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <del>BAGCHIERI, PATRICK</del> <del>11 RUE EUGENE IONESCO</del> <del>LESGNY, FRANCE 77150</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **02/26/2001 954-4303930**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)