

2001/UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90128 024 ***150.00

DOCUMENT # P99000056138

1. Entity Name
LIDO DESIGNS, CORP.

Principal Place of Business
17011 N. BAY ROAD. #719
SUNNY ISLE BEACH FL 33160

Mailing Address
17011 N. BAY ROAD. #719
SUNNY ISLE BEACH FL 33160

00047526



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0658170**

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

KARROUM, MONICA
17011 N. BAY ROAD, #719
SUNNY ISLE BEACH FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	P	<input type="checkbox"/> Delete
NAME	KARROUM, MONICA	
STREET ADDRESS	17011 N. BAY ROAD, #719	
CITY-ST-ZIP	SUNNY ISLE BEACH FL 33160	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	KARROUM, JUAN C	
STREET ADDRESS	17011 N. BAY ROAD, #719	
CITY-ST-ZIP	SUNNY ISLE BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Monica Karroum*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MONICA KARROUM

2/3/01
 Date

(305) 956-9508
 Daytime Phone #

CR2E034 (10/00)