

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059150

1. Entity Name  
A.F. DESIGN GROUP, INC.

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90494 026 \*\*\*150.00

Principal Place of Business  
2101 WEST COMMERCIAL BLVD.  
SUITE 4100  
FT LAUDERDALE FL 33309

Mailing Address  
2101 WEST COMMERCIAL BLVD.  
SUITE 4100  
FT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0930892

Applied For  
Not Applicable

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

FORMAN, ROBERT S ESQ.  
2101 WEST COMMERCIAL BLVD.  
SUITE 4100  
FT LAUDERDALE FL 33309

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

(NOT

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!**  
**After MAY 1, 2001**  
**Make Check Payable to Department of State**

**FEE IS \$150.00**  
**Fee will be \$550.00**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
DEAQUINO, ANTHONY  
2101 W COMMERCIAL BLVD., #4800  
FORT LAUDERDALE FL 33309 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
COLLETTE, JEFFREY  
7788 WEST SECOND COURT  
HIALEAH FL 33014 ☐ Delete

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

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)