2002 UNIFORM BUSINESS REPORT (UBR)

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FILED May 07, 2002 8:00 am Secretary of State DOCUMENT # P99000059614 1. Entity Name B. SQUARE DESIGN GROUP, INC. 05-07-2002 90080 001 *****8.75 05-07-2002 90080 002 ***150.00 Principal Place of Business Mailing Address 2530 THOMAS ST. 2530 THOMAS ST. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2000 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 1000d W000 State 4. FEI Number Applied For 65-0930070 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOBINSKI, BRIAN FRANCIS** Street Address (P.O. Box Number is Not Acceptable) NEW ADDRESS 2530 THOMAS ST. HOLLYWOOD FL 33020 FNUE City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Jax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE"" PC ☐ Delete TITLE FDANCS TOBINSKIN Change CR2E034 (9/01) NAME. BOBINSKI, BRIAN F NAME 2000 N.38 2530 THOMAS ST. STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD TITLE ☐ Delete TITLE Change □ Addition しのてHSTHVL NAME ROTHCHILD, DEBBI NAME ル38 STREET ADDRESS 2530 THOMAS ST. STREET ADDRESS HOLLYWOOD, FL. 33020 CITY-ST: ZIP CITY_ST_ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with flis filing does not quality 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 feceiver 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