

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90017 032 ***550.00

DOCUMENT # **P997000066812**

1. Entity Name

SPECIAL DESIGN CORP ✓

Principal Place of Business

Mailing Address

**260 Crandon Blvd.
 Suite 36
 Key Biscayne, FL 33149**

~~260~~

A0078776

2. Principal Place of Business

3. Mailing Address

same

same

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number

65-0936601

Zip

Zip

Country

5. Initial State Fee

\$8.75 Added to Fee

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVIS, STEVEN W
 ONE SE THIRD AVENUE
 17TH FLOOR
 MIAMI FL 33131**

*replacing Nelson Stashberg,
 501 Brickell Key Drive Suite 400, Miami*

FL

8. The undersigned hereby certifies that the information furnished for the purpose of changing is true and correct, and that the undersigned is authorized to execute this report on behalf of the State of Florida.

Signature: *[Signature]* Date: **9-11-00**

9. Taxing jurisdiction of the state of Florida is hereby certified to be the state of Florida. (See criteria on page 1)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Is this a Campaign Financing Trust Fund Contribution? **\$5.00** Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	DPT'S	<input type="checkbox"/> Delete
NAME	Eliana de Abreu Sampaio	
STREET ADDRESS	(Address above)	
CITY-STATE-ZIP		
TITLE	VP/T- Andrea Diamond	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or on an attachment with an address, with all other names empowered.

[Signature] **sep 11/00**