

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/2

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90013 012 \*\*\*150.00

**DOCUMENT # P99000087308**

1. Entity Name

**MSM DESIGN IMPORT, INC.**

Principal Place of Business

**4794 SOUTHWEST 72ND AVENUE  
 MIAMI FL 33155**

Mailing Address

**4794 SOUTHWEST 72ND AVENUE  
 MIAMI FL 33155-4518**

2. Principal Place of Business

**SAME**

3. Mailing Address

**40 11921 S. DIXIE HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**203**

City & State

City & State

**PINECREST FL 33156**

Zip

Country

Zip

**33156**

Country

**US**

4. FEI Number

**65-0952675**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SAGGAH, MICHEL  
 4794 SOUTHWEST 72ND AVENUE  
 MIAMI FL 33155**

**SABBAH**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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)

DATE

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SABBAH, MICHEL	
STREET ADDRESS	7939 EAST DRICE APT 1	
CITY-ST-ZIP	N BAY VILLAGE FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENRI, SERGE P	
STREET ADDRESS	7 RUE DES SERPOLETS	
CITY-ST-ZIP	GRABELS 34790 FRANCE	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MARC G	
STREET ADDRESS	7 CHEMIN DE LA MADONNETTE	
CITY-ST-ZIP	NICE 06000 FRANCE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	555 NE 34th street #705	
STREET ADDRESS	MIAMI FL 33139	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 life empowered

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/19/2000**

04/19/2000