

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90067 039 \*\*\*150.00

**DOCUMENT # P99000087308**

1. Entity Name  
**MSM DESIGN IMPORT, INC.**

Principal Place of Business  
~~4794 SOUTHWEST 72ND AVENUE~~  
~~MIAMI FL 33155~~

Mailing Address  
~~11821 SOUTH DIXIE HIGHWAY~~  
~~SUITE 202~~  
~~PINECREST FL 33156~~

2. Principal Place of Business  
**555 NE 34 ST.**

3. Mailing Address  
**← SAME**

Suite, Apt. #, etc.  
**705**

Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State

Zip  
**33139** Country  
**USA**

Zip Country

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

7. Name and Address of New Registered Agent

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

Name **SABBAH, MICHEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**555 NE 34 STREET, #705**  
 City **MIAMI** FL Zip Code **33139**

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, 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 **PD** ☐ Delete  
 NAME **SABBAH, MICHEL**  
 STREET ADDRESS **555 NE 34 STREET #705**  
 CITY-ST-ZIP **MIAMI FL 33139**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHEL SABBAH**

Date

**4/30/01**

Daytime Phone #

**305/803-7400**

CR2E034 (10/00)