

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089160

1. Entity Name

STRETCH DESIGN CORP.

LA

Principal Place of Business

2333 BRICKELL AVENUE
SUITE 2707
MIAMI FL 33129

Mailing Address

2333 BRICKELL AVENUE
SUITE 2707
MIAMI FL 33129

2. Principal Place of Business

777 NW 72nd Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

3HS - MIAMI, FLORIDA

Suite, Apt. #, etc.

City & State

City & State

Zip

33126

Country

U.S.A

Zip

Country

4. FEI Number 65-0774434

65-0974434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRANCA RODRIGUES, ROSELY DINIZ
2333 BRICKELL AVENUE
SUITE 2707
MIAMI FL 33129

7. Name and Address of New Registered Agent

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.

(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

TITLE D ☐ Delete
NAME FRANCA RODRIGUES, ROSELY DINIZ
STREET ADDRESS 2333 BRICKELL AVENUE SUITE 2707
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☒ Delete
NAME IGLESIAS DE LA CALLE, ROBERTA R
STREET ADDRESS 2333 BRICKELL AVENUE SUITE 2707
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME DIRECTOR, V.P.
STREET ADDRESS MAIKO ABINUM
CITY-ST-ZIP 5621 N.W. 105 COURT
MIAMI, FL. 33178

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

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

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

6/4/01

305-261-2223

Date

Daytime Phone #

CR2E034 (10/00)