

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
 05-20-2002 90034 044 ***150.00

0015065 AV

DOCUMENT # P99000097052

1. Entity Name
ESPASANDE & BARONI DESIGN GROUP CORP.

Principal Place of Business **Mailing Address**
911 EAST PONCE DE LEON BLVD.,STE.1603 **911 EAST PONCE DE LEON BLVD.,STE.1603**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---------------------------------------|----------------|---------------------------|----------------|--------------------------------------------------------------------------------------------------------|--|-----------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0983068 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--------------------------------------------------------------------------------------------------------|--|--|--|----------------------------------------------------|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BARONI, CLAUDIA 911 EAST PONCE DE LEON BLVD.,STE.1603 CORAL GABLES FL 33134 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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 _____ (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) <input checked="" type="checkbox"/> | | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------|--|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|-----------------------------------|----------------------------------------------|---------------------------------|--|--------------------------------------------------------------|--|---------------------------------|-----------------------------------|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BARONI, CLAUDIA | | | NAME | | | |
| STREET ADDRESS | 911 E PONCE DE LEON BLVD STE 1603 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | CITY-ST-ZIP | | | |
| TITLE | VS | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ESPASANDE, CARLOS E | | | NAME | | | |
| STREET ADDRESS | 911 EAST PONCE DE LEON BLVD.,STE.1603 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 an other like empowered.

SIGNATURE: Claudia Baroni **CLAUDIA BARONI** **4/26/02** **305/4412879**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)