2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90045 021 ***150.00

DOCUMENT # P99000099903

1. Entity Name
EMPHASIS DESIGN, Inc ✓

AUU64677

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3735 NW 91st Ln Sunrise FL 33351	

2. Principal Place of Business	3. Mailing Address
3735 NW 91st Ln	
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State: Sunrise FL	City & State
Zip: 33351 County: USA	Zip / County

4. FEI Number: 65-0960924 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Veronica Acioli
1415 SW 96th Terrace #202
Plantation FL 33324

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, type or print 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
D Veronica Acioli 1415 SW 96th Terrace #202 Plantation FL 33324 — [ ] Delete	[ ] Change [ ] Addition
V.P. Morgana Hengmann 1415 SW 96th Ter #202 Plantation FL 33324 — [ ] Delete	[ ] Change [ ] Addition
[ ] Delete	[ ] Change [ ] Addition
[ ] Delete	[ ] Change [ ] Addition
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[ ] Delete	[ ] Change [ ] Addition

CR2E034 (9/99)

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) _____ (X) 04/27/2000 (X) (954) 749-3676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #