

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000104944

1. Entity Name

ENTER DESIGN, INC.

FILED

May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90017 037 \*\*\*150.00

Principal Place of Business  
19722 EAST COUNTRY CLUB DRIVE, #19722  
AVENTURA FL 33180

Mailing Address  
19722 EAST COUNTRY CLUB DRIVE, #19722  
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 19722 EAST COUNTRY CLUB Suite, Apt. #, etc. SUITE		3. Mailing Address 19722 EAST COUNTRY CLUB Suite, Apt. #, etc.	
City & State AVENTURA FL		City & State AVENTURA FL	
Zip 33180	Country USA	Zip 33180	Country USA
4. FEI Number 65-0969056		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75* Additional Fee Required	

6. Name and Address of Current Registered Agent

BLAIR, LAURENCE I  
ABRAMS ANTON P.A.  
2021 TYLER STREET  
HOLLYWOOD FL 33020

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 \_\_\_\_\_ (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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTEIRO, ERIC 19722 EAST COUNTRY CLUB DRIVE, #19722 AVENTURA FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

04/24/2000 805 712 5424  
Date Daytime Phone #