

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90038 031 ***150.00

DOCUMENT # **P99000107378**

1. Entity Name

Special Designs by Latin Inc

Principal Place of Business

21220 NE 9th Pl #4

21220 NE

N.M. Bdr Fl 33179

9th Pl #4
N.M. Bdr Fl 33179

658770

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0978795

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

7. Name and Address of New Registered Agent

Latin, Jose
21220 NE 9th Pl #4
N.M. Bdr Fl 33179

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

(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, 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 ☐ Delete
 NAME **D. -**
 STREET ADDRESS **Latin, Jose**
 CITY-ST-ZIP **21220 NE 9th Pl #4**
N.M. Bdr Fl 33179

TITLE ☐ Delete
 NAME **D. -**
 STREET ADDRESS **Latin, Claudia**
 CITY-ST-ZIP **21220 NE 9th Pl #4**
N.M. Bdr Fl 33179

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
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 19.07(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:

(Type or print name of signing officer or director)

Date

(Daytime Phone #)

4-30-01

To:

Dept of State.
Tallahassee, FL.

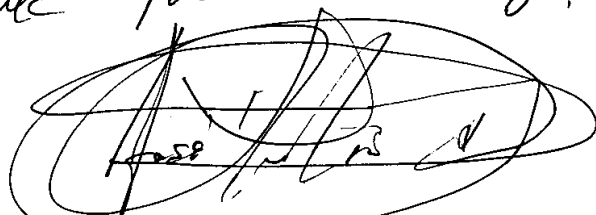
Attachment
658770
99000107378

Dear Sirs,

Re:- Annual Report. For
the year 2001.

- Enclosed annual report- for the
above year. I didn't get the
Renewal form. Finally I ~~find~~ found
the blank form and mailing it to
you, please update my Renewal

Thank You kindly.

A handwritten signature, possibly "J. H. S.", enclosed within a large, loopy oval scribble.