2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # \$73350 Feb 29, 2000 8:00 am 1. Entity Name Secretary of State CONTRACT DESIGN SOLUTIONS, INC. 02-29-2000 90175 016 ***150.00 Principal Place of Business Mailing Address 5541 HAWKES BLUFF AVENUE 5541 HAWKES BLUFF AVE DAVIE FL 33331-2531 DAVIE FL 33331 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0278921 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent _6. Name and Address of Current Registered Agent GOLD, SHARON Street Address (P.O. Box Number is Not Acceptable) 5541 HAWKES BLUFF AVE DAVIE FL 33331 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Change ☐ Addition ☐ Delete TITLE **GOLD. SHARON** NAME STREET ADDRESS 5541 HAWKES BLUFF AVENUE STREET ADDRESS CITY-ST-ZIP DAVIE FL CITY-ST-ZIP ☐ Addition Change Delete TITLE GOLD, FRED NAME 5541 HAWKES BLUFF AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DAVIE FL ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 all other like empowered

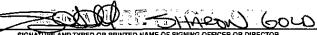
CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

STREET ADDRESS



☐ Delete

Addition

Change