FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Mar 19, 2001 8:00 am **DOCUMENT # \$90344** Secretary of State INTERNATIONAL DESIGN ASSOCIATES, INC. 03-19-2001 90454 011 \*\*\*158.75 Principal Place of Business Mailing Address 13000 S.W. 120TH STREET 13000 S.W. 120TH STREET MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State Applied For City & State 65-0313332 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRIN, ARTHUR Street Address (P.O. Box Number is Not Acceptable) 13000 S.W. 120TH STREET MIAMI FL 33186 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Celete TITLE ☐ Change NAME PERRIN. ARTHUR STREET ADDRESS 13000 S.W. 120TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 TITLE ☐ Delete TITI F [ ] Addition NAME ANTONIO, FROYO NAME STREET ADDRESS 1300 SW 120 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33186 Ghange -- 🔄 Addition -TITLE - 🖾 - Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete □ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change 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

Antonio Froyo Sea-Treas