2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # V02965** 1. Entity Name DESIGNERS' LIAISON, INC.

Mailing Address

4361 NORTHLAKE BLVD.

May 08, 2000 8:00 am Secretary of State

05-08-2000 90081 005 ***150.00

US		PALM BEACH GARDENS FL 33410-6253 US							
		3. Mailing Address							
		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE					
				4	4. FEI Number 65-0316616				
Zip Country		Zip	Zip Country				\$8.75 Add	5 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
	and the second second	-	-	Name		·	د په پعد		
4361	si, martin V. Northlake Blvd. M Beach Gardens Fl 33410	Suite. Apt. #, etc. City & State 4. FEI Number 65-03 166 16 Applied For Not Applicable Zip Country 5. Certificate of Status Desired Fae Required Fae Required Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code To the purpose of changing its registered office or registered agent, or both, in the State of Florida. City FL Zip Code Title Now!! FEE IS \$150.00 Make Check Payable to Department of State MND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Change Addition Change Addition							
	named entity submits this statement for Signature, typed or printed name of registered agent an							:	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE !! After MAY 1, 2000 Fee w		IS \$150.00 will be \$550.00	10. Election Campaign Fin			\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MILSTEIN, VICKI LYNN 4361 NORTHLAKE BLVD. ST		NAME STREE	ET ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREE	T ADDRESS			☐ Change	Addition	
TITLE		☐ Delete	TITLE				Change	☐ Addition	

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.

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE NAME STREET ADDRESS

Delete

☐ Delete

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

Principal Place of Business

4361 NORTHLAKE BLVD.

NAME

TITLE

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Change

■ Addition

Addition

☐ Addition