

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V17814

1. Entity Name

SG DESIGNS, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90171 048 ***150.00

Principal Place of Business

Mailing Address

2115 SOUTH OCEAN BOULEVARD
#1
DELRAY BEACH FL 33483

2115 SOUTH OCEAN BOULEVARD
#1
DELRAY BEACH FL 33483-6487

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

65-0319557

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

GREENHUT, STEVEN E.
2115 SOUTH OCEAN BOULEVARD
#2
DELRAY BEACH FL 33483

Name

Greenhut Steven E.
Street Address (P.O. Box Number is Not Acceptable)

2115 South Ocean Blvd #1

City

Delray Beach

FL

33483

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS GREENHUT, STEVEN E
CITY-ST-ZIP 2115 SOUTH OCEAN BOULEVARD #1
DELRAY BEACH FL 33483

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

TITLE ☐ Delete
NAME ST
STREET ADDRESS GREENHAT, GLORIA
CITY-ST-ZIP 6368 NW 23 WAY
BOCA RATON FL

TITLE ☒ Change ☐ Addition
NAME ST
STREET ADDRESS Greenhut Gloria
CITY-ST-ZIP 2115 South Ocean Blvd #1
Delray Beach FL 33483

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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STREET ADDRESS
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 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

JAN 10 2000

Date

SG 126520054

Daytime Phone #

CR2E034 (9/99)