

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V36872

1. Entity Name
DESIGN TRADING CORP.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90038 045 ***150.00

Principal Place of Business 6722 WILLOWWOOD DRIVE SUITE 1502 BOCA RATON FL 33434 US	Mailing Address 6722 WILLOWWOOD DRIVE SUITE 1502 BOCA RATON FL 33434-3596 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0337290	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired - **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COHOLAN, DONALS
6722 WILLOW WOOD DR
SUITE 1502
BOCA RATON FL 33434

7. Name and Address of New Registered Agent
Name **COHOLAN, DONALD**
Street Address (P.O. Box Number is Not Acceptable) **6722 Willow Wood DR**
SUITE 1502
City **BOCA RATON** **FL** Zip Code **33434**

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 *Donald Coholan*

DATE **3/4/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHOLAN, DONALD 6722 WILLOW WOOD DR BOCA RATON FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 titles empowered.

SIGNATURE: *Donald Coholan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/4/00** DAYTIME PHONE # **561-788-0135**

CR2E034 (9/99)