

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

0379894 AV

DOCUMENT # V36872

1. Entity Name
DESIGN TRADING CORP.

02-19-2002 90109 050 ***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 US
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2. Principal Place of Business 22119 Boca Place Dr. Suite, Apt. #, etc. 313	3. Mailing Address 22119 Boca Place Dr. Suite, Apt. #, etc. 313
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DO NOT WRITE IN THIS SPACE

City & State Boca Raton FL	City & State Boca Raton FL	4. FEI Number 65-0337290	Applied For <input type="checkbox"/> Not Applicable
Zip 33433	Country US	Zip 33433	Country US

6. Name and Address of Current Registered Agent COHOLAN DONALD 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) 22119 Boca Place Dr. #313 City Boca Raton FL Zip Code 33433
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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 *2/1/2002*

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D COHOLAN, DONALD 6722 WILLOW WOOD DR BOCA RATON FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Coholan Donald 22119 Boca Place Dr. #313 Boca Raton FL 33433
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<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 like empowered.

SIGNATURE: *Donald Coholan* DATE *2/1/2002* DAYTIME PHONE # *561-366-0627*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)