

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 20, 2000 8:00 am  
Secretary of State

07-20-2000 90105 001 \*\*\*150.00  
07-20-2000 90105 002 \*\*\*\*\*8.75

DOCUMENT # V46299

1. Entity Name

ARLENE SEGAL DESIGN GROUP, INC.

Principal Place of Business

Mailing Address

20350 NE. 16 PLACE  
NORTH MIAMI BEACH, FL. 33179

18747

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0344700

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

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

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 PRESIDENT ☐ Delete  
NAME ARLENE SEGAL  
STREET ADDRESS 20191 E. COUNTRY CLUB  
CITY-ST-ZIP #1010  
AVENTURA, FL 33180

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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

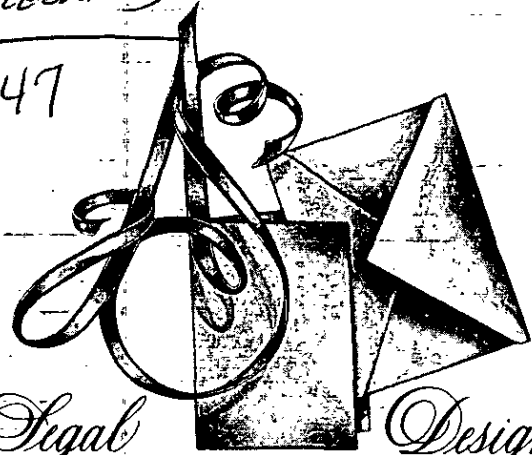
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00 305-651-8283  
Date Daytime Phone #

CR2E034 (9/99)

V 46299 (Alzheimer)

18747



*Arlene Segal Designs*

July 11, 2000

Division of Corporations  
Post Office Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Enclosed please find the completed Uniform Business Report form, check no. 013642 in the amount of \$8.75 (certificate fee) and check no. 013648 in the amount of \$150.00 (annual fee). I called your office in the beginning of June and was told that we had not turned in this form and therefore we were not in "good standing" with the State of Florida. I informed your office that we never received this form and were hoping that you would waive the fee of \$550.00.

Should you have any questions, please do not hesitate to call me directly or you may speak to my assistant, Nicole.

Very truly yours,

Arlene Segal  
Arlene Segal Designs

AS/nr  
Enclosures (3)