

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/

FILED
Jul 07, 2000 8:00 am
Secretary of State

04-24-2000 90020 030 ****61.25

DOCUMENT # N98000004737
 1. Entity Name
PUBLIC ART RESOURCES CORP.

Principal Place of Business Mailing Address
E. SALLY CUPP. 11855 NORTHEAST 19TH DRIVE SUITE 23 MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **11855 NE 19th DR.** 3. Mailing Address **SAME**
 Suite, Apt. #, etc. **APT 23** Suite, Apt. #, etc.
 City & State **Miami FL.** City & State

4. FEI Number **05-0837771** Applied For
APPLIED FOR Not Applicable

Zip **33181** Country **USA** Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CORRIGAN, JOHN P
444 BRICKELL AVENUE
SUITE 300
MIAMI FL 33131

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 _____ (NOTE: Registered Agents signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CUPP, E S 11855 N.E. 19TH DR. SUITE 23 MIAMI FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUTCHER, JOANNE 927 LINCOLN ROAD MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete WORTHY, KIMBERLY R 12350 S.W. 19TH TERRACE MIAMI FL 33177
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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
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

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *E. Sally Cupp* **3/27/00** **305/895-9151**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #