FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90119 012 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000048566

1. Entity Name
ART BUILT DESIGN, CORP.

DO NOT WRITE IN THIS SPACE

22002139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 BAYVIEW DR.	100 BAYVIEW DR
Suite, Apt. #, etc. 512	Suite, Apt. #, etc. 512
City & State SUNNY ISLES BCH FL	City & State SUNNY ISLES BCH FL
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name CECILIA PAUL
Street Address (P.O. Box Number is Not Acceptable) 100 BAYVIEW DR #512
City SUNNY ISLES BCH FL Zip Code 33160

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	CECILIA PAUL	NAME	
STREET ADDRESS	100 BAYVIEW DR	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BCH FL 33160	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Cecilia [signature] / CECILIA PAUL 01/31/03 (305) 3544633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #