

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90480 041 ***150.00

DOCUMENT # P93000068459



1. Entity Name
ART CRYSTAL, INC.

Principal Place of Business
**3605 S OCEAN BLVD
STE 233A
PALM BEACH FL 33480
US**

Mailing Address
**3605 S OCEAN BLVD
STE 233A
PALM BEACH FL 33480
US**

11003460



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0440264**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WARM, STEVEN ESQ
2101 CORPORATE BLVD
STE 215
BOCA RATON FL 33431**

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME	D VARGA, ILDIKO	<input type="checkbox"/> Delete
STREET ADDRESS	350 SOUTH COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE NAME	D VARGA, AKOS	<input type="checkbox"/> Delete
STREET ADDRESS	350 SOUTH COUNTY ROAD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	3610 SOUTH OCEAN BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	# 507	
CITY-ST-ZIP	Palm BEACH, FL 33480	
TITLE NAME	3610 SOUTH OCEAN BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	# 507	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

4/15/03
Date

Daytime Phone #

CR2E034 (10/02)