

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90188 027 ***150.00

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DOCUMENT # P99000036910

1. Entity Name
ART HORIZONS CUSTOM FRAMING, INC.

Principal Place of Business
13028 SW 120 STREET
MIAMI FL 33186

Mailing Address
11940 SW 123 AVE
MIAMI FL 33186

2. Principal Place of Business
13028 SW 120 ST

3. Mailing Address
13028 SW 120 AVE.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0954616** Applied For
 Not Applicable

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

Zip **33186** Country **U.S.A.** Zip **33186** Country **U.S.A.**

6. Name and Address of Current Registered Agent

LIMA, ISIDRO
11940 SW 123 AVE
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name **Isidro Lima Jr.**

Street Address (P.O. Box Number is Not Acceptable)
30040 SW 154 ave.

City **Lecorney City** FL Zip Code **33033-3582**

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 *Isidro Lima*
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. **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 LIMA, ISIDRO 11940 SW 123 AVE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIMA, LARISSA 11940 SW 123 AVE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Isidro Lima* **SIGNATURE REQUIRED** **4/24/02** **(205) 259-7611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)