

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90055 042 ***150.00

DOCUMENT # S87814

1. Entity Name

ART FORM COLLECTION, INC.

Principal Place of Business

**C/O ARMANDO J. PORTO
 14565 N.W. 26TH AVENUE
 OPA LOCKA FL 33054**

Mailing Address

**C/O ARMANDO J. PORTO
 14565 N.W. 26TH AVENUE
 OPA LOCKA FL 33054**

951510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME
 Suite, Apt. #, etc.

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0456531**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PORTO, ARMANDO J
 14565 N.W. 26TH AVENUE
 OPA LOCKA FL 33054**

7. Name and Address of New Registered Agent

Name

SAME

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: *Armando J. Porto*
 Signature, typed or printed name of registered agent and title if applicable.

ARMANDO J. Porto / Pres.

4/15/02
 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, 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

TITLE **PTD** ☐ Delete
 NAME **PORTO, ARMANDO J**
 STREET ADDRESS **14565 N.W. 26TH AVENUE**
 CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIR** ☐ Change ☒ Addition
 NAME **Phillip Feinstein**
 STREET ADDRESS **14565 NW 26th Avenue**
 CITY-ST-ZIP **OPA Locka, FL 33054**

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

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

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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: *Armando J. Porto* **ARMANDO J. Porto / Pres.** **4/15/02 (305) 681-8568**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)