

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90296 023 ***150.00

DOCUMENT # P99000068570

1. Entity Name
ALPHA ART DECO CORP.

Principal Place of Business 1001 N FEDERAL HWY STE 205 HALLANDALE FL 33009	Mailing Address 1001 N FEDERAL HWY STE 205 HALLANDALE FL 33009
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80051128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1001 N. Federal Hwy Suite, Apt. #, etc. Suite 202	3. Mailing Address 1001 N. Federal Hwy Suite, Apt. #, etc. Suite 202
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City & State Hallandale, FL	City & State Hallandale, FL	4. FEI Number 65-0942826	Applied For Not Applicable
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Zip 33009	Country US	Zip 33009	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDUC, REJEAN
 1001 N FEDERAL HWY STE 205
 HALLANDALE FL 33009

Name
LEDUC, REJEAN
 Street Address (P.O. Box Number is Not Acceptable)
1001 N. FEDERAL HWY
SUITE 202
 City
HALLANDALE FL Zip Code
33009

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

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, 2001 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	P ABELLAN, MARC 12 BD FET1, JELOIT CURIE 34120 PEZENAS FRANCE <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	S ALELLAN, LUC 12 BD FET 1, JOLIOT CURIE 34120 PEZENAS FRANCE <input checked="" 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	S ERILL, NATHALIE 16 RUE DES FLEURS BLANCHES 34300 AGDE FRANCE <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARC ABELLAN DATE: 04/17/2001
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)