E034B (12/01)

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

05-02-2002 90049 049 ***150.00

1. Entity Nam	MENT#	P99000 ART DECO			•				
	AUFIIA	ART DECO	CORF.			0441	551		
	DO NO	T WRITE	IN THIS SP	AC	E .		•		
2. Principal Place of Business 1001 N. Fed. Hwy			3. Mailing Address						
Suite, Apt. #, etc. Ste # 202		Suite. Apt. #, etc. PO BOX 350366			DO NOT WRITE IN THIS SPACE				
City & State Hallandale, FL		FT LAUDERDALE, FL		4. FEI Number —650942826———		Applied For Not Applicable			
Zlp 330	009 . Co	ountry USA	33335-0366	Coun	บ๊รค	5. Certificate of Status Desired		8.75 Additional see Required	
			eranti dali - Jakan		Name	7. Name and Address of Current	Registered	Agent	
: DO NOT W IN THIS SP					Street Address (P.O. Box Number is Not Acceptable)				
					City ·		FL	Zip Code	
	named entity sub	mits this statement for	the purpose of changing its r	egistere	ed office or register	red agent, or both, in the State of Flo	nida.		
SIGNATURE									
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Signature, typed or pixted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **Signature required when reinstating) After May/1/Fee is \$550:00 After May/1/Fee is \$550:00 Amenided UBR is \$61:25) Trust Fund Contribution. Trust Fund Contribution.									
Tax filing i	requirement and e		After May 1 Amended	, Fee i	s \$550.00 · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		\$5.00 May Be Added to Fees	
Tax filing r (See criter	requirement and e		After May i Amerided Make Check Payabi	Fee i UBR e to De	s \$550.00 - 46 s \$61.25 a epartment of Sta	Trust Fund Contribution	n. 🗆	\$5.00 May Be Added to Fees	
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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 emprovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like emprovered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING OFFICER OR DIRECTOR

04/19/2002

Daytime Phone :