

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

05-02-2002 90049 049 \*\*\*150.00

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000068570

1. Entity Name  
ALPHA ART DECO CORP.

044651

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1001 N. Fed. Hwy Suite, Apt. #, etc. Ste # 202 City & State Hallandale, FL Zip 33009 Country USA		3. Mailing Address Suite, Apt. #, etc. PO BOX 350366 City & State FT LAUDERDALE, FL Zip 33335-0366 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 650942826	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current 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.

SIGNATURE

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. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY - ST - ZIP	ABELLAN Marc 12 Bd Fetl, Jeloit Curie 34120 Pezenas, France	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ERILL Nathalie 16 Rue des Fleurs Blanches 34300 Agde, France	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ABELLAN MARC

04/19/2002

Date

Daytime Phone #

CR2E034B (12/01)