

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 520279

1. Entity Name

PLAN-ART ASSOCIATES INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90005 011 ***150.00

Principal Place of Business

Mailing Address

3344 NE 32 ST
FT LAUDERDALE FL 33308
US

3344 NE 32 ND ST
FT. LAUDERDALE FL 33308-7104
US

2. Principal Place of Business

3. Mailing Address

3344 NE 32nd St.

3344 NE 32nd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

Zip

33308

Country

USA

4. FEI Number

59-1710997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~SIMON, MORRIS~~

3344 NE 32 ND ST
FT. LAUDERDALE FL 33308

Name Richard H. Simon

Street Address (P.O. Box Number is Not Acceptable)

3344 NE 32nd St.

City

Ft. Lauderdale

FL

Zip Code

33308

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P	SIMON, EDITH	3550 GALT OCEAN DRIVE FORT LAUDERDALE FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	S	SIMON, RICHARD	2511 NW 98TH TERRACE CORAL SPRINGS FL	<input type="checkbox"/>		PRESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	V	SIMON, MORRIS	3550 GALT OCEAN DRIVE FORT LAUDERDALE FL	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VP	LASKY, SCOTT	1179 NW 114TH AVE CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 duly empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/00

Date

954-566-3100

Daytime Phone #

CR2E034 (9/99)