## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Mar 12, 2001 8:00 am **DOCUMENT # 520279 Secretary of State** PLAN-ART ASSOCIATES INC. 03-12-2001 90447 016 \*\*\*150.00 Principal Place of Business Mailing Address 3344 NE 32,8T 3344 NE 32 MD ST FT LAUDERDALE FL 33308 FT. LAUBERDALE FL 33308 2. Principal Place of Business 3. Mailing Address 3331 32nd St 333 i Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1710997 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ichard. Simon SIMON, MORRIS Street Address (P.O. Box Number is Not Acceptable) 3344 NE 32 ND ST FT. LAUDERDALE FL-33308 8. The above named entity submits this statem rpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or p t and title if applicable. (NOTE: Registered Agent signature required wh 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Addition TITLE ☐ Delete TITLE Change SIMON, RICHARD NAME NAME STREET ADDRESS 2511 NW 98TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CORAL SPRINGS FL** Addition TITLE Delete TITLE Change LASKY, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 1179 NW 114TH AVE CITY-ST-ZIP CITY-ST-7IP **CORAL SPRINGS FL 33071** TITLE ☐ Change TITLE 😘 ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 suppliemental 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 pipel like enforwered. 13. I hereby certify that the information suplike epipowered.

ME OF SIGNING OFFICER OR DIRECTOR