2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 15, 2000 8:00 am
Secretary of State
03-30-2000 90076 003 ****61.25

DOCUMENT # 713084

1. Entity Name

ALLIED ARTS OF NORTH MIAMI INC.

Principal Place of Business	Mailing Address
3807 NE 168TH ST. APT I N MIAMI BCH FL 33160 US	3807 NE 168TH ST. APT I N MIAMI BCH FL 33160-3552 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
311 NE 88 ST Suite, Apt. #, etc.	311 NE. 88. ST Suite, Apt. #, etc.
City & State: Miami Fl	City &State: MIAMI Fl
Zip: 33138 Country: US	Zip: 33138 Country: US

4. FEI Number: 59-6205874 ☐ 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
CASTAGNA, MARIE N. 3807 N.E. 168 STREET, APT. I NORTH MIAMI BEACH FL	Name: BILL WATSON Street Address (P.O. Box Number is Not Acceptable): [redacted] 311 NE 86 St City: MIAMI FL Zip Code: 33138

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: CASTAGNA. MARIE N. 4/10/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLUGER, RUBIN 525 90TH ST SURFSIDE FL	☑ Delete	P ILONA FRIEDMAN 1111 BISCAYNE BLVD TOWER#3 PH#51 MIAMI, FL. 33181	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WATSON, WILLIAM 311 NE 86 ST MIAMI SHORES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHEVALIER, DOROTHY 12000 NE 8TH AVE BISCAYNE PARK FL	☐ Delete	VP FRED ROSENKOFF 3675 COUNTRY CLUB DR. ELDORADO#4 PH#3 AVENTURA FL 33180	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNHAM, VIOLET 20801 S SIMEON WAY NORTH MIAMI BCH FL	☑ Delete	VP KATHLEEN MULLIGAN 1355 N.E. 299 ST. N. MIAMI B. FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEMPHILL, LIDA 10920 PEACHTREE DR N MIAMI FL	☑ Delete	TP NORMA PELLICANE 435 N.W. 129th N. MIAMI FL. 33168	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACOBS, CLAUDETTE 12640 N BAYSHORE DR N MIAMI BEACH FL 33181	☑ Delete	S NORMA HENRY 2445 N.E. 136th LN. N. MIAMI FL 33181	☒ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudette Jacobs 3/27/00 305-893-3391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #