

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90143 006 \*\*\*150.00

DOCUMENT # F97000003728

1. Entity Name

DAVEZ ARTS, INC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1101 TEALWOOD DR

Suite, Apt. #, etc.

3. Mailing Address

1101 TEALWOOD DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
VIRGINIA BEACH VA

City & State  
VIRGINIA BEACH VA

4. FEI Number  
54-1839664

Applied For  
Not Applicable

Zip  
23456

Country  
US

Zip  
23456

Country  
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
GOLDIN MIRIAM R

Street Address (P.O. Box Number is Not Acceptable)  
5030 CHAMPION BLVD G-6285

City  
BOCA RATON

FL

Zip Code  
33496

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                         |
|----------------|-------------------------|
| TITLE          | PD                      |
| NAME           | HERNANDEZ, DAVID J      |
| STREET ADDRESS | 516 ARCHER LANE         |
| CITY-ST-ZIP    | KISSIMEE FL 34746       |
| TITLE          | VC                      |
| NAME           | HINELINE, J L           |
| STREET ADDRESS | 9266 OAK, HAMMOCK LANE  |
| CITY-ST-ZIP    | JUPITER FL 33478        |
| TITLE          | SDT                     |
| NAME           | GOLDIN, ARNOLD S        |
| STREET ADDRESS | 1101 TEALWOOD DR        |
| CITY-ST-ZIP    | VIRGINIA BEACH VA 23456 |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
| CITY-ST-ZIP    |                         |
| TITLE          |                         |
| NAME           |                         |
| STREET ADDRESS |                         |
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| TITLE          |                         |
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| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECTY

4/2/03

Date

Daytime Phone #