

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006602

1. Entity Name

INDUSTRY ARTISTS LTD., INC.

FILED
Sep 06, 2000 8:00 am
Secretary of State

09-06-2000 90093 023 ***550.00

Principal Place of Business

690 SE 15 ST
 #201
 DANIA FL 33004

Mailing Address

690 SE 15 ST
 #201
 DANIA FL 33004

2. Principal Place of Business

3620 NE 2nd Avenue

Suite, Apt. #, etc.

3. Mailing Address

3620 NE 2nd Avenue

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

58-250 9589

Applied For

Not Applicable

Zip

33137-3616

Country

U.S.A.

Zip

33137-3616

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUSTAFSON, D.
 690 SE 15 ST
 #201
 DANIA FL 33004

7. Name and Address of New Registered Agent

Name
 D. GUSTAFSON

Street Address (P.O. Box Number is Not Acceptable)
 3620 NE 2nd Avenue

City
 MIAMI

FL

Zip Code
 33137-3616

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

D. GUSTAFSON.

AUG 10 2000

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 \$550.00
After SEPTEMBER-13, 2000 Min. will be \$750.00
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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 CP
 CIFARELLI, MICHAEL
 236 W 27 ST
 NEW YORK NY 10001

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Cifarelli

AUG 10 2000

Date

305-571-9114

Daytime Phone #

CR2E034 (5/00)