2001 UNIFORM BUSINESS REPORT (UBR)

2/2/5

FILED
Mar 27, 2001 8:00 am
Secretary of State
02-05-2001 90022 006 ***150.00

DOCUMENT # G30237

1. Entity Name

CIANFONI ART RESTORATION/CONSULTANTS, INC.

Principal Place of Business	Mailing Address
270 NW 36TH STREET MIAMI FL 33127 US	270 NW 36TH STREET MIAMI FL 33127 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
270 N.W 36 STREET	P.O BOX 370947
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FLA.	City & State MIAMI, FLA.
Zip 33127 Country US.	Zip 33137-0947 Country US.

4. FEI Number 59-2285412 ☐ 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
CIANFONI, EMILIO F. 272 N.W. 36TH STREET MIAMI FL 33137	Name CIANFONI, EMILIO F. Street Address (P.O. Box Number is Not Acceptable) 272 N.W. 36 STREET City MIAMI FL Zip Code 33127

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]
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, 2001 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	PD CIANFONI, EMILIO F. 270 NW 36TH STREET MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIANFONI, EMILIO F. 270 N.W. 36TH STREET MIAMI, FLA. 33127 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] MAR. 22, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #