## 5/8/

## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 03, 2002 8:00 am Secretary of State

DOCUMENT # K9396  1. Entity Name  SAND ART OF FORT LAUDERDALE,					05-08-2	_	•	<b>State</b> ***150.00	
	1	•							
Principal Place of Business	Mailing Address								
214 HICKMAN DRIVE	P. O. BOX 520550								•.
SANFORD FL 32771 LONGWOOD FL 32752-055			i	•					
			•						_
			, .						F
2. Principal Place of Business	3. Mailing Address							-	ł
Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRIT	F IN THIS S	RPACE		
					20110111111	2	31 7.02		
City & State	City & State			4. FEI Number	65-0127381			Applied For	]
Zip Country	Zip	Country	<del></del>		·· <u></u> .			Not Applicable	┨
		· ·	1	5. Certificate of S	Status Desired		<b>\$8.75</b> Ai Fea Requii		[
6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New R	egistered A	gent		1
AUDAMAAN ADDALIAM			TE ABK	AHAM	NE	4/4/	9n:/	ىيىدى دار كى	-
NEWMAN, ABRAHAM  1 <del>121 BAYSHORE-CIRCLE</del> P.O BOX 520530  LONGWOODE FL-12760  CONBWOOD FL 32756		Stre	Street Address (P.O. Box Number is Not Acceptable)					1	
LONGWOODS FL-S2750	~ 020556	<u>م</u> ر	×/ <del>/</del>	HICK 17	7-1/		<u> </u>		┨
LONGWA	10h & 2775	3 L					1		1
		City	SANF	ORD		FL	32	<sup>de</sup> 7/	l
8. The above named entity submits this statement for	the purpose of changing its r	egistered offic	ce or registered	agent, or both, i	n the State of Flo	rida.			7
SIGNATURE	_								
Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent s	signature required wh	entetanien ne		DATE			}
Signature, typed or printed name of registered agent a				en reinstating)		DATE			}
	FILE NOW!!! After May 1, 200: Make Check Payable	FEE IS \$1 2 Fee will be	150.00 e \$550.00	10. Election	n Campaign Fin und Contribution	ancing		00 May Be	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  OFFICERS AND D	FILE NOW!!! After May 1, 200: Make Check Payable	FEE IS \$1 2 Fee will be	150.00 e \$550.00 nent of State	10. Election	und Contribution	ancing	Adde	d to Fees	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DATE.	FILE NOW!!! After May 1, 200: Make Check Payable	FEE IS \$1 2 Fee will be to Departn 12.	150.00 e \$550.00 nent of State	10. Electio Trust F	und Contribution	ancing  n.   CERS AND	Adde	d to Fees	(101)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DAME  P NEWMAN, ABRAHAM	FILE NOW!!! After May 1, 200: Make Check Payable DIRECTORS	FEE IS \$1 2 Fee will be a to Departm 12. TIFLE NAME	150.00 e \$550.00 ment of State	10. Electio Trust F	und Contribution	ancing  n.   CERS AND	Adde	d to Fees	74 (9/01)
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DAME  TITLE  NAME  P  NEWMAN, ABRAHAM  214 HICKMAN DRIVE  SANFORD FL 32771  TITLE  NAME	FILE NOW!!! After May 1, 200: Make Check Payable DIRECTORS  Delete	FEE IS \$1 2 Fee will be to Departm 12. TITLE NAME STREET ADDRI CITY-ST-ZIP TITLE NAME	150.00 e \$550.00 ment of State	10. Electio Trust F	und Contribution	ancing n.   CERS AND	Adde	d to Fees RS IN 11 Addition	CR2E034 (9/01)
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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 Statules; 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.

CICMATURE

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Det

Daytime Phone #