

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006071

1. Entity Name

ARTCONNECTION SWISS DESIGN, L.C.

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
C/O BAUR WOODBRIDGE, RUES & KLEIN, P.A. C/O BAUR WOODBRIDGE, RUES & KLEIN, P.A.
100 N. BISCAYNE BLVD., 21ST FLOOR 100 N. BISCAYNE BLVD., 21ST FLOOR
MIAMI FL 33132-2306 MIAMI FL 33132-2306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
c/o 5201 Blue Lagoon Drive c/o 5201 Blue Lagoon Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 100 Suite 100
City & State City & State
Miami, FL Miami, FL

4. FEI Number 65-1033242 Applied For Not Applicable

Zip 33126 Country USA Zip 33126 Country USA 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REUS, ALEXANDER
% BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW!!! FEE IS: \$50.00
Make Check Payable to Department of State

600004036456--8
04/20/01--0110--007
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME ☐ Delete
MGRM
STREET ADDRESS PROVENZANO, MARIO
CITY-ST-ZIP 100 N. BISCAYNE BLVD., SUITE 2100
MIAMI FL 33132

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5201 Blue Lagoon Drive, Suite 100
CITY-ST-ZIP Miami, FL 33126

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/01

(305) 262-4433

Date

Daytime Phone #

CR2E083 (11/00)