

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91462 046 ****50.00

DOCUMENT # L00000014256

1. Entity Name

ART-E-FACT, L.C.

Principal Place of Business

**100 N. BISCAYNE BLVD., 21ST FLOOR
C/O BAUR. KLEIN. MATOS
MIAMI FL 33132-2306**

Mailing Address

**100 N. BISCAYNE BLVD., 21ST FLOOR
C/O BAUR. KLEIN. MATOS
MIAMI FL 33132-2306**

2. Principal Place of Business

3160 LA COSTA CIR. #204

3. Mailing Address

3160 LA COSTA CIR. #204

Suite, Apt. #, etc.

NAPLES FL

Suite, Apt. #, etc.

NAPLES FL

City & State

City & State

4. FEI Number

65-1082253

Applied For

Not Applicable

Zip

34105

Country

U. S. A.

Zip

34105

Country

U. S. A.

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

BAUR, THOMAS

**100 N. BISCAYNE BLVD., 21ST FLOOR
C/O BAUR, KLEIN, MATOS
MIAMI FL 33132-2306**

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **KUETT, KURT**
CITY-ST-ZIP **3160 LACOSTA CIRCLE #204
NAPLES FL 34105**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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

03/26/02

Date

(941) 430-6294

Daytime Phone #

CR2E083 (9/01)