

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90237 034 \*\*\*\*55.00

**DOCUMENT # L00000014581**

1. Entity Name

**ART ATTACK SF, L.L.C.**

Principal Place of Business

**2364 NORTHEAST 28TH CT.  
 LIGHTHOUSE POINT FL 33064**

Mailing Address

**2364 NORTHEAST 28TH CT.  
 LIGHTHOUSE POINT FL 33064**

2. Principal Place of Business

**119 Plaza Del Lago**

Suite, Apt. #, etc.

3. Mailing Address

**119 Plaza Del Lago**

Suite, Apt. #, etc.

City & State

**Isla Moranda FL**

Zip

**33036**

Country

**USA**

City & State

**Isla Moranda FL**

Zip

**33036**

Country

**USA**

4. FEI Number

**NOT APPLICABLE**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RHOMBERG, ARTHUR  
 2364 NORTHEAST 28TH CT.  
 LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**119 Plaza Del Lago**

City

**Isla Moranda**

FL

Zip Code

**33036**

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

*Arthur Rhomberg*

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

**4/12/02**

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MBR**  
 NAME **RHOMBERG, ARTHUR**  
 STREET ADDRESS **2364 NORTHEAST 28TH CT**  
 CITY-ST-ZIP **LIGHTHOUSE POINTE FL 33064**

☐ Delete

10. ADDITIONS/CHANGES

TITLE **MBR**  
 NAME **Rhomberg, Arthur**  
 STREET ADDRESS **119 Plaza Del Lago**  
 CITY-ST-ZIP **Isla Moranda FL 33036**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**REQUIRED**

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/12/02 305-517-4978**

CR2E083 (9/01)