

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014912

1. Entity Name

ARTIFACTS & OBJECTS, L.L.C.

Principal Place of Business

477 S. ROSEMARY AVE., STE. 193  
WEST PALM BEACH FL 33401

Mailing Address

477 S. ROSEMARY AVE., STE. 193  
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

#193

City & State

3. Mailing Address

Suite, Apt. #, etc.

#193

City & State

FILED  
07 JUL 16 AM 8:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

025-1060158

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BELAGA, LOIS

477 S. ROSEMARY AVE., STE. 193  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

#193

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)

6/30/01

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
	<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
Director Elyne Mordey 3701 Breton Way BAND MD 21208	<input type="checkbox"/>	<input type="checkbox"/>
Director LOIS BELAGA 17850 Antigua Point Way BOCA RATON, FLA. 33487	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

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\*\*\*\*\*55.00 \*\*\*\*\*55.00  
 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:

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

Date

Daytime Phone #

*Elyne Mordey*  
Elyne Mordey 6/30/01 653-0001

CR2E083 (5/01)

STAPLE CHECK HERE