## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRI

ITED NAME OF SIGNING MANAGING MEMBER OR MANAGER

| 2000 UNIFORM BUSINESS REPORT (UBR)  |  |   |                                      |                          |  | APPROVED<br>AND  |                                       |  |  |
|---|--|---|--------------------------------------|--------------------------|--|--|---------------------------------------|--|--|
| DOCUMENT # L9900000850  1. Entity Name ART & SOFT, L.C.   |  |   |                                      |                          |  | FILED  |                                       |  |  |
|   |  |   |                                      |                          | 00 APR 23 AM 9: 07                                 |  |                                       |  |  |
|   | •  |   |                                      |                          |  | SECRETA  | RY OF STATE                           | , A'                                     |  |
| Principal Place of Business Mailing Address  100 N. BISCAYNE BOULEVARD  NEW WORLD TOWER, 21ST FLOOR  MIAMI FL 33132-2306  MIAMI FL 33132-23 |  |   | ER. 21ST FLOOR                       |                          |  | FALLAHAS   | SEE, FLUKIL                           | JA                                       |  |
| Principal Place of Business     3. Mailing Address  |  |   |                                      |                          | -  III   | ######################################                                       | BB(   80    PB(G   8 8)               | <b>B</b> irik <b>Bb</b> ik 1 <b>88</b> 1 |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |                                      |                          | $\mathbb{Z}_{\mathcal{M}}$                         | $oldsymbol{\kappa}$ do not write in  | THIS SPACE                            |  |  |
| City & State  | 9  | City & State  | State                                |                          |  | 0962986  | <u> </u>                              | oplied For ot Applicable                 |  |
| Zip   | Country  | Zip   | Countr                               | у                        | 5. Certificate of Status Desired                   |  |                                       |  |  |
|   | 6. Name and Address of Curre   | nt Registered Agent   |                                      | Name                     | 7. Name  | and Address of New Regist  | ered Agent                            |  |  |
| BAUR, THOMAS ESQ: BAUR, WOODBRIDGE, REUS & KLEIN, P.A. 100 N. BISCAYNE BLVD., STE 2100  |  |   |                                      | Street Address           | s (P.O. Box Nu                                     | mber is Not Acceptable)  |                                       |  |  |
| MIAMI FL 33132-2306   |  |   | -                                    | City FL Zip Code         |  |  | e                                     |  |  |
| 8. The above  | named entity submits this statement  | for the purpose of changing its   | registered                           | d office or regis        | tered agent, or                                    | r both, in the State of Florida.   | <u></u>                               |  |  |
| SIGNATURE .   | Signature, typed or printed name of registered age   |   |                                      |                          |  |  | DATE                                  |  |  |
|   | Signatus, typad u  | <u> </u>  | OW!!! F                              | EE IS \$50.00 Department | 0  | <u>,                                    </u>                                 |                                       |  |  |
| 9. MANAGING MEMBERS/MEMBERS   |  |   | 10.                                  |                          |  | ADDITIONS/CHANGES  |                                       |  |  |
| TITLE<br>MARKE<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM Detecto ROSE, FRANK 1515 W. 22ND STREET, SUNSET ISLAND MIAMI BEACH FL 33140                                       |   |                                      | T ADDRESS<br>BT-ZIP      |  |  | Change                                | Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | ☐ Delists   | TETLE<br>NAME<br>STREET<br>CITY-1    | T ADDRESS                |  | , 1  | ☐ Change                              | Addition                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | ☐ Delete  | TITLE<br>NAME<br>STREET<br>CITY-4    | T ADDRESS                | 5  | 9000324<br>-05/09/00-<br>******50.0  | 4:31 Change<br>010920<br>10 *****5    | <b>44*****</b><br>06<br>0.00             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-8T-ZIP  |  | ☐ Delete  | FATLE<br>NAME<br>STREET<br>CITY- S   | T ADDRESS                |  | !  | ☐ Change                              | ☐ Addition                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | Delete  | TITLE<br>NAME<br>#TREET<br>CITY-1    | T ADDRE\$S<br>\$T-ZIP    |  |  | Change                                | Addition                                 |  |
| ET ADDRESS  | *  | ☐ Delete  |                                      | T ADDRESS                |  |  | ☐ Change                              | Addition .                               |  |
| 11. I hereby of indicated limited lia   | pertify that the information supplied we on this report is true and accurate a billity company or the receiver or true | with this filing does not qualify fo<br>and that my signature shall have<br>tee empowered to execute this | or the exem<br>the same<br>report as | notion stated in         | Section 119.07<br>if made under<br>apter 608, Flor | 7(3)(i), Florida Statutes. I furth oath; that I am a managing rida Statutes. | ner certify that the member or manage | nformation<br>er of the                  |  |

FUALL POSE