2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M35709

FILED
00 MAY 10 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

ART-TO-ART GRAPHICS INC.

Principal Place of Business	Mailing Address
3211 PONCE DE LEON BLVD., SUITE 206 CORAL GABLES FL 33134	3211 PONCE DE LEON BLVD., SUITE 206 CORAL GABLES FL 33134-7274

04/03/2000-90153-037 $150.00

2. Principal Place of Business	3. Mailing Address
6565 TAFT ST	6565 TAFT ST
Suite, Apt. #, etc.: STE 201	Suite, Apt. #, etc.: STE 201
City & State: Hollywood FL	City & State: Hollywood FL
Zip: 33024 Country: US	Zip: 33024 Country: US

4. FEI Number 59-2697551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARSONS, JOSEPH L. SR. 3211 PONCE DE LEON BLVD #206 CORAL GABLES FL 33134 5/8/00 Neal Gary Rosenweig	Name: NEAL GARY ROSENWEIG, P.A. Street Address (P.O. Box Number is Not Acceptable): 444 PONCE DE LEON BLVD STE 1035 City: CORAL GABLES FL Zip Code: 33134

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: Joseph L Parsons PRES. DATE: 3-21-00
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00 X
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PARSONS, JOSEPH L. 3211 PONCE DE LEON BLVD S206 CORAL GABLES FL	☒ Delete	PD PARSONS, JOSEPH L 6565 TAFT ST STE 201 HOLLYWOOD, FL 33024	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST PARSONS, JOSEPH L. SR. 3211 PONCE DE LEON BLVD S206 CORAL GABLES FL 33134	☒ Delete	ST PARSONS, JOSEPH L 6565 TAFT ST STE 201 HOLLYWOOD FL 33024	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph L Parsons SR. JOSEPH L PARSONS SR PRES 3-21-00 (954) 893-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #