

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001392

1. Entity Name

FLHS ARTS, INC.

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90012 037 ****61.25

Principal Place of Business

1040 BAYVIEW DRIVE
SUITE 528
FORT LAUDERDALE FL 33304

Mailing Address

1040 BAYVIEW DRIVE
SUITE 528
FORT LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0990388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

E'ESPIES, KEVIN J ESQ.
1212 SOUTHEAST FIRST AVENUE
FORT LAUDERDALE FL 33316-1802

7. Name and Address of New Registered Agent

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SIMKOWITZ, LOREN DR.
STREET ADDRESS 1040 BAYVIEW DRIVE SUITE 528
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME KENNY, ELIZABETH
STREET ADDRESS 1040 BAYVIEW DRIVE SUITE 528
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE D ☐ Delete
NAME CARTER, THEODORE
STREET ADDRESS 1040 BAYVIEW DRIVE SUITE 528
CITY-ST-ZIP FORT LAUDERDALE FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-16-01 954-563
5808

CR2E037 (10/00)