

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002208

1. Entity Name

ART OF THE HEART, INC.

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90625 015 ****61.25

0073693

Principal Place of Business

Mailing Address

1580 WEST AVE. APT. 306
MIAMI BEACH FL 33139
US

PO BOX 398-391
MIAMI FL 33139
US *Beach*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

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

FRANK, RITA
1580 WEST AVE. APT. 306
MIAMI BEACH FL 33139

*all mail received
at
POB 398-391
MB FLA 33139*

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

Rita Frank

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANK, RITA	
STREET ADDRESS	1580 WEST AVE. APT. 306	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANK, LEONARD	
STREET ADDRESS	1580 WEST AVE. APT. 306	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HUBERMAN, GISELA	
STREET ADDRESS	1580 WEST AVE. APT. 306	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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 REQUIRED

Rita Frank

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)