2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003
Secretary of State

DOCUMENT# N02000006554

Entity Name: PATCHWORK ARTS, INC.

Current Principal Place of Business:

1440 NE 9 ST
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1440 NE 9 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WELLER, THOMAS R
65 NW 16 ST
HOMESTEAD, FL

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PELT, ANN	
Address:	71 NE 18 ST	
City-St-Zip:	HOMESTEAD, FL	
Title:	D	( ) Delete
Name:	GOODMAN, MIKE	
Address:	19905 SW 147 AVE	
City-St-Zip:	MIAMI, FL 33187	
Title:	D	( ) Delete
Name:	CULLER, JASON	
Address:	1721 NW 8 ST	
City-St-Zip:	HOMESTEAD, FL	
Title:	D	( ) Delete
Name:	CULLER, JAMES	
Address:	1440 NE 9 ST	
City-St-Zip:	HOMESTEAD, FL 33030	
Title:	D	( ) Delete
Name:	GRAVES, FRED	
Address:	217 MARCUS CENTRE 9990 SW 77 AVE	
City-St-Zip:	MIAMI, FL 33156	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES CULLER PRES 05/07/2003
Electronic Signature of Signing Officer or Director — Date