

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48346

1. Entity Name

AMERICAS ART FOR LIFE, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

05-02-2000 90078 033 ****61.25

Principal Place of Business

Mailing Address

4100 N.E. 2ND AVE.
SUITE 206
MIAMI FL 33137
US

4100 N.E. 2ND AVE.
SUITE 206
MIAMI FL 33137-3538
US

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

65-0325855

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

LAWRENCE J TURNER JR
404 WASHINGTON AVE #600
MIAMI BCH FL 33139

Name

Street Address (P.O. Box Number is Not Acceptable)

4100 NE SECOND AVE #206

City

MIAMI

FL

Zip Code

33137

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS BACKUS, ROBERTA
CITY-ST-ZIP 404 WASHINGTON AVE SUITE 600
MIAMI BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4100 NE SECOND AVE #206
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ Delete
NAME D
STREET ADDRESS TURNER, LAWRENCE O. JR.
CITY-ST-ZIP 404 WASHINGTON AVE SUITE 600
MIAMI BCH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4100 NE SECOND AVE #206
CITY-ST-ZIP MIAMI, FL 33137

TITLE ☐ Delete
NAME D
STREET ADDRESS GALLWEY, WILLIAM J.
CITY-ST-ZIP 200 SE FIRST ST 11TH FL
MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 305-573-9996
Date Daytime Phone #

CR2E037 (9/99)