

4/24/

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 17, 2001 8:00 am
Secretary of State

04-24-2001 90008 042 ****61.25

DOCUMENT # N48346

1. Entity Name

AMERICAS ART FOR LIFE, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

LAWRENCE J TURNER JR
4100 NE SECOND AVENUE, #206
MIAMI FL 33137

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 ☐ Delete
NAME **D BACKUS, ROBERTA**
STREET ADDRESS **4100 NE SECOND AVENUE, #206**
CITY-ST-ZIP **MIAMI FL 33137**TITLE ☐ Delete
NAME **D TURNER, LAWRENCE O. JR.**
STREET ADDRESS **4100 NE SECOND AVENUE, #206**
CITY-ST-ZIP **MIAMI FL 33137**TITLE ☒ Delete
NAME **D GALLWEY, WILLIAM J.**
STREET ADDRESS **200 SE FIRST ST 11TH FL**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Delete
NAME **D RENE MAKFOOD**
STREET ADDRESS **4100 NE SECOND AVE # 206**
CITY-ST-ZIP **MIAMI, FL 33137**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

4/18/01 305-573-9996

Date

Daytime Phone #

CR2E037 (10/00)