

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90107 020 \*\*\*\*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

**316 NE 4TH ST.**

3. Mailing Address

**316 NE 4TH ST**

Suite, Apt. #, etc.

**1**

Suite, Apt. #, etc.

City & State

**FT. LAUDERDALE, FL**

City & State

**FT. LAUDERDALE, FL**

Zip

**33301**

Country

**USA**

Zip

**33301**

Country

**USA**

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)

**316 NE 4TH ST**

City

**FT. LAUDERDALE**

**FL**

Zip Code

**33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Lawrence J. Turner Jr.*  
Signature, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/12/03**  
DATE

**FILE NOW: FEE IS \$61.25  
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BACKUS, ROBERTA**  
STREET ADDRESS **4100 NE SECOND AVENUE, #206**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete  
NAME **TURNER, LAWRENCE O. JR.**  
STREET ADDRESS **4100 NE SECOND AVENUE, #206**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete  
NAME **MAHFOOD, RENE**  
STREET ADDRESS **4100 NE SECOND AVE #206**  
CITY-ST-ZIP **MIAMI FL 33137**

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 **316 NE 4TH ST**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **316 NE 4TH ST.**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **316 NE 4TH ST**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

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

TITLE ☐ Change ☐ Addition  
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**

**8/12/03 954-655-1277**  
Date Daytime Phone #

CR2E037 (4/03)