

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N98000006207**

1. Entity Name

ART of Living INC.



FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90013 024 ****61.25

Principal Place of Business

Mailing Address

834 SW 11 STREET
Fort Lauderdale

SAME

2. Principal Place of Business

3. Mailing Address

834 SW 11 STREET

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Laud., Fl.

Zip

Country

33315

Broward

Zip

Country

4. FEI Number

65-0875709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAMEELAH AGUEL
834 SW 11 STREET
Ft. Laud., Fl. Reg. ground level
33315

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Chairperson** ☐ Delete
NAME **SANDY RUPP**
STREET ADDRESS **2323 SE 28th STREET Suite B**
CITY-ST-ZIP **Ft. Laud., Fl. 33316**

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

TITLE **Sec.** ☐ Delete
NAME **John B. Bismarck**
STREET ADDRESS **8002 NW 10th**
CITY-ST-ZIP **Plantation, Fl. 33322**

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

TITLE **Treas.** ☐ Delete
NAME **Brenda Miller**
STREET ADDRESS **1001 SW 12 Ave**
CITY-ST-ZIP **Dania, Fl. 33304**

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

TITLE ☐ Delete
NAME **Sonia Chittels**
STREET ADDRESS **2500 E Hallandale, Bch. Blvd.**
CITY-ST-ZIP **Hallandale, Fl. 33009**

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

TITLE ☐ Delete
NAME **Stephen Fried**
STREET ADDRESS **14501 Biscayne Blvd.**
CITY-ST-ZIP **N. Mi. Bch. Fl. 33180**

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

TITLE **Director** ☐ Delete
NAME **KAMEELAH AGUEL**
STREET ADDRESS **834 SW 11 STREET**
CITY-ST-ZIP **Fort Laud. Fl. 33315**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/09/11 **9547607743**

Date

Daytime Phone #

CR2E037 (9/99)