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# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Aug 13, 2002 8:00 am**
**Secretary of State**
07-30-2002 90383 045 ****66.25

41368

DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000006207

1. Entity Name

ART OF LIVING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 834 SW 11TH STREET<br>FORT LAUDERDALE FL 33315 | 834 SW 11TH STREET<br>SUITE 121<br>FORT LAUDERDALE FL 33315 |

| 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 65-0875709 ☐ 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 |
|---|---|
| AQEEL, KAMEELAH<br>834 SW 11TH STREET<br>FORT LAUDERDALE FL 33315 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| After September 13, 2002, min. will be $236.25. | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUPP, SANDY<br>2323 S.E. 28TH ST SUITE 8<br>FT LAUDERDALE FL 33316 | ☑ Delete | TITLE P/D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | KAMEELAH AQEEL<br>834 SW 11 STREET<br>Ft. Laud. FL. 33315 | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CHILDS, JOAN<br>2500 E HALLANDALE BEACH BLVD.<br>HALLANDALE FL 33009 | ☑ Delete | TITLE S/TD<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | NAOMI BLAKE<br>718 NE 7 AVE.<br>Ft Laud. Fl. 33304 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DEMEHICI, JOHN<br>8002 NORTHWEST 10 STREET<br>PLANTATION FL 33322 | ☑ Delete | TITLE M/D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ROSE TUCCI<br>209 C FILLMORE AVE.<br>CAPE CANAVILLE, FL. 32920 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FRIED, STEVEN<br>19501 BISCAYNE BLVD.<br>NORTH MIAMI BEACH FL 33180 | ☑ Delete | TITLE V<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ALEX BEAUTY<br>P.O. Box 30524<br>WEST PALM BCH, FL. 33420-0524 | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MILLER, BRENDA<br>1001 SOUTHEST 12TH AVENUE<br>DANIA FL 33004 | ☑ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (4/02)

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:** KAMEELAH AQEEL 07/25/002 9547607743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #