

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

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90056 027 \*\*\*\*61.25

**DOCUMENT # N98000006207**

1. Entity Name

**ART OF LIVING, INC.**



Principal Place of Business

**834 SW 11TH STREET  
FORT LAUDERDALE FL 33315**

Mailing Address

**834 SW 11TH STREET  
SUITE 121  
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AQEEL, KAMEELAH  
834 SW 11TH STREET  
FORT LAUDERDALE FL 33315**

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

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  
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 **PD** ☐ Delete  
NAME **AQEEL, KAMEELAH**  
STREET ADDRESS **834 SW 11 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **STD** ☒ Delete  
NAME **BLAKE, NAOMI**  
STREET ADDRESS **718 NE 7 AVE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE **MD** ☐ Delete  
NAME **TUCCI, ROSE**  
STREET ADDRESS **209 C FILLMORE AVE.**  
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **V** ☒ Delete  
NAME **ZEANTY, ALEX**  
STREET ADDRESS **P.O. BOX 30524**  
CITY-ST-ZIP **WEST PALM BEACH FL 33420-0524**

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 **V** ☐ Change ☒ Addition  
NAME **MARGARET HODGSON**  
STREET ADDRESS **4920 SW 201th**  
CITY-ST-ZIP **S.W. Ranches 1 FL 33332**

TITLE **STD** ☐ Change ☒ Addition  
NAME **MELVINA HAMILTON**  
STREET ADDRESS **P.O. Box 1793**  
CITY-ST-ZIP **Ft. Laud. FL 33302**

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

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: AQEEL KAMEELAH**

**9/04/003 9547607743**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0008922