

FILED
May 30, 2002 8:00 am
Secretary of State

05-02-2002 90058 031 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P000000003158**
 1. Entity Name **Haitian Artwork.Com, Inc**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **1161 N.E. 160 St.**
 Suite, Apt. #, etc.
 City & State **N. Miami Beach, FL**
 Zip **33162** Country **Miami Dade**

3. Mailing Address
 Suite, Apt. #, etc. **Same**
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

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4. FEI Number **65-0979941** Applied For Not Applicable.
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent
 Name **Roland Berthold**
 Street Address (P.O. Box Number is Not Acceptable) **1161 N.E. 160 Street**
 City **N. Miami Beach FL** Zip Code **33162**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)
 January 1 - May 1 Fee is: \$150.00
 After May 1 Fee is: \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	Almonor, Roselene
STREET ADDRESS	1161 N.E. 160 Street
CITY-ST-ZIP	N. Miami B., FL- 33162
TITLE NAME	SD Berthold, Mauva
STREET ADDRESS	3687 N.W. 83 Lane
CITY-ST-ZIP	Sunrise, FL- 33351
TITLE NAME	PD Berthold, Roland
STREET ADDRESS	1161 N.E. 160 Street
CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other individuals empowered.

SIGNATURE: **R. Berthold**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-02 (305) 973-2553
 Date Daytime Phone #

CR2E034B (12/01)