

2006 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90249 021 ***150.00

DOCUMENT # P00 000 00 7830

1. Entity Name
 65-1021420
 Picture Perfect Art & Frames, Inc.
 13623 S. Dixie Hwy. # 146
 Miami, FL 33176

Principal Place of Business Mailing Address
 65-1021420
 Picture Perfect Art & Frames, Inc.
 13623 S. Dixie Hwy. # 146
 Miami, FL 33176
 Martin A. Drutz, Accountant
 8966 S.W. 87 Ct., Suite 12-A
 Miami, FL 33176

60034880

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1021420		Applied For ☐ Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	JAMES MULLIS 13623 S. DIXIE HWY #146 MIAMI FL 33176			

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 _____ DATE _____	

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		FILE NOW!!! FEE IS \$150.00. After MAY-1, 2006 Fee will be \$350.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	JAMES MULLIS		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	UP		STREET ADDRESS		
CITY-ST-ZIP	THAS HOWELL		CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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, trustee, assignee or executor of the corporation; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like enclosed.

SIGNATURE: _____ DATE: MAY 4-2006 4/20/06

CR2E034 (9/99)