2001 UNIFORM BUSINESS REPORT (UBR)								F	ILEI)			
DOCUMENT # P0000011614 1. Entity Name ART OF LOVE, INC.							Jan 19, 2001 08:00 AM Secretary of State						
Principal Place			Mailing Address 2878 DONNELLY DR #210										
LANTANA 33462		FL	LANTANA 33462		FL								
2. Principal P	lace of Business		3. Mailing Address 6328 LONGBOAT LN									-	
Suite, Apt. #B102	#, etc.		Suite, Apt. #, etc. #B102					DO	NOT WRIT	E IN THIS	SPACE		_
City & State		FL	City & State BOCA RATON	·	FL		4. FEIN 36-4	lumber 343780				Applied For Not Applica	
Zip 33433	Country		Zip 33433	Cour	ntry			ficate of Status			Fee Requ	Additional iired	
	6. Name and Addres	s of Current Re	gistered Agent				7. Nam	e and Address	of New Re	egistered	Agent	••••	
MAGODIC ADIS 2878 DONNELLY DR #210								lumber is Not A	Acceptable))		<u></u> -	
LANTANA 33462			#B102										
					City BOCA R					FL	Zip C 3343		
8. The above	named entity submits_this	s statement for ti	ne purpose of changing its	register	ed office or	registered	d agent,	or both, in the	State of Flor	rida.			
SIGNATURE _	Signature, typed or printed name of	of registered agent and	title if applicable. (NOTE	: Registere	d Agent signat.	ure required wh	then reinstat	ina)	_	01/19 DATE	<u>/2001</u>	<u></u> -	-
Tax filing re	oration is eligible to satisfy equirement and elects to ia on back)	•	FILE NOW! After MAY 1, 200 Make Check Payab	l FEE	IS \$150.i	00 550.00	3.55 1	0. Election Car Trust Fund (ancing		i.00 May Bo	-
11.	OF	FICERS AND DI	RECTORS	12.			ADDIT	ONS/CHANGE	S TO OFFI	CERS AN	DIRECTO	ORS IN 11	-
TITLE NAME STREET ADDRESS	D BRBOVIC FAR 2878 DONNELLY DR #		☐ Delete	TITL NAM		D BRBOV		FARUK AT LN #B102			™ Chang	e 🗖 Addit	934 (11/00)
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Delate		_					-	☐ Chang	e 🗌 Addit	ion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	IE EET ADDRESS '-ST-ZIP						☐ Chang		
of the cor	on this report or supplem	ental report is tri r trustee empow	is filing does not qualify for ue and accurate and that mered to execute this report a n all other like empowered.	いくらいりつ	THE COUNTY	gua tha co	ma loca	lattagt on it ma		المصطفيطفص		ane ne dienata	1
SIGNAT			ITED NAME OF SIGNING OFFICER (OR DIRECT	TOR		D	01/19 Date			Daytime Phone	<u> </u>	_

Date

Daytime Phone #