

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90046 043 ***150.00

DOCUMENT # P00000013901

1. Entity Name

IT'S ALL ABOUT ART, INC.

Principal Place of Business

809 SW 14 TERR.
FT. LAUDERDALE, FL
33312

Mailing Address

809 SW 14 TERR.
FT. LAUDERDALE, FL
33312

2. Principal Place of Business

1021 SOUTHWEST 2ND CT.
Suite, Apt. #, etc.

3. Mailing Address

1021 SOUTHWEST 2ND CT.
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL
Zip 33312 Country USA

City & State

FT. LAUDERDALE, FL
Zip 33312 Country USA

4. FEI Number

65-0976778

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYNN OCCHIAZZO
809 SW 14 TERR.
FT. LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1021 SOUTHWEST 2ND CT.
City FT. LAUDERDALE FL Zip Code 33312

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/16/01
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, 2001: Fee will be \$550.00

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 | D | <input type="checkbox"/> Delete |
| NAME | LYNN OCCHIAZZO | |
| STREET ADDRESS | 809 SW 14 TERR. | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRITA SCHULTE | |
| STREET ADDRESS | 809 SW 14 TERR. | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1021 SW 2ND CT. | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | 1021 SW 2ND CT. | |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01
DATE

Daytime Phone #