## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

## Jan 23, 2002 8:00 am Secretary of State P00000027832 DOCUMENT # 1. Entity Name AMERICAN ARTS, INC. 01-23-2002 90099 009 \*\*\*150.00 Principal Place of Business Mailing Address 7600 NW 50TH STREET 3864 SHERIDAN STREET LAUDERHILL FL HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0992838 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMONS, DAVID J Street Address (P.O. Box Number is Not Acceptable) 3864 SHERIDAN STREET HOLLYWOOD FL City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE A Change ☐ Delete PD DODD, TONY ☐ Addition NAME DODD, TONY NAME STREET ADDRESS 625 STREET ADDRESS 625 N.W. 38th Court CITY-ST-ZIP HOLLYWOOD FL 33064 CITY-ST-ZIP Pompano Beach, Florida 33064 D۷ ☐ Delete TITLE DV X Change ☐ Addition NAME GREEN, JOHN NAME GREEN, JOHN STREET ADDRESS 8824 PARADISE DRIVE STREET ADDRESS Bldg. 23, Unit 104, 7925 Fairview Drive Tamarac, Florida 33321 CITY-ST-ZIP **TAMARACOD FL 33321-4104** CITY-ST-ZIP TITLE DST ☐ Delete TITLE ☐ Change ☐ Addition NAME SIMONS, DAVID J NAME STREET ADDRESS 3864 SHERIDAN STREET STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

**FILED**