

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 8:00 am
Secretary of State**

02-28-2001 90111 029 ***150.00

DOCUMENT # P00000032942

1. Entity Name

FRAMES FOREVER & ART GALLERY, INC.

Principal Place of Business

**162 CAROLWOOD BLVD.
FERN PARK FL 32730**

Mailing Address

**162 CAROLWOOD BLVD.
FERN PARK FL 32730**

2. Principal Place of Business

941 N. ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Address

941 N. ORANGE AVE

Suite, Apt. #, etc.

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

City & State

WINTER PARK FL

Zip

32789

Country

ORANGE

4. FEI Number

59-3638870

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GARIB, SULJO
162 CAROLWOOD BLVD.
FERN PARK FL 32730**

7. Name and Address of New Registered Agent

Name **GARIB SULJO**

Street Address (P.O. Box Number is Not Acceptable)

941 N. ORANGE AVECity **WINTER PARK****FL**Zip Code **32789**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)