

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2001 8:00 am**  
**Secretary of State**

01-13-2001 90007 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # P00000045728</b>			
1. Entity Name <b>ARTISTIC MONUMENT COMPANY</b>			
Principal Place of Business <b>5825 PLUNKETT ST HOLLYWOOD FL 33023</b>		Mailing Address <b>5825 PLUNKETT ST HOLLYWOOD FL 33023</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number <b>65-1006059</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRAVO, ADA F 3600 S. SR 7, STE. 229 MIRAMAR FL 33023</b>		7. Name and Address of New Registered Agent Name <b>SANDOR BARANY JR.</b> Street Address <b>ALLIANCE MONUMENT CO., INC.</b> <b>5825 PLUNKETT STREET</b> <b>HOLLYWOOD, FL 33023</b> City <b>FL</b> Zip Code <b>PHONE: (954) 966-9415</b>	
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 <i>Sandor Barany</i> DATE <b>1-3-01</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT BARANY, SANDOR 5825 PLUNKETT ST HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS BARANY, JANICE 5825 PLUNKETT ST HOLLYWOOD FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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: <i>Sandor Barany</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-3-01</b> Daytime Phone # <b>954-966-9415</b>	

CR2E034 (10/00)