

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90058 009 \*\*\*150.00

**DOCUMENT # P00000046584**

1. Entity Name  
**ART DESIGN CREATION USA, INC.**



Principal Place of Business  
**282 N.W. 36TH STREET  
MIAMI FL 33127**

Mailing Address  
**282 N.W. 36TH STREET  
MIAMI FL 33127**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1006329**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN DEN ABEELE, CLAUDINE  
2741 OCEAN CLUB BLVD  
APT 108  
HOLLYWOOD FL 33019**

Name  
**VAN DEN ABEELE, CLAUDINE**

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

**2731 OCEAN CLUB BLVD APT. 303**

City  
**HOLLYWOOD**

FL

Zip Code  
**33019**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Claudine Van Den Abeele*  
Signature, typed or printed name of registered agent and title if applicable.

**CLAUDINE VAN DEN ABEELE**  
(NOTE: Registered Agent signature required when reinstating) **PRESIDENT**

DATE  
**02/04/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**VAN DEN ABEELE, CLAUDINE**  
**2741 OCEAN CLUB BLVD., APT 108**  
**HOLLYWOOD FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P**  
**VAN DEN ABEELE, CLAUDINE**  
**2731 OCEAN CLUB BLVD. APT. 303**  
**HOLLYWOOD FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claudine Van Den Abeele*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/04/03**  
Date

**954/4013818**  
Daytime Phone #

CR2E034 (10/02)