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2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Sep 05, 2001 8:00 am Secretary of State **DOCUMENT #** P00000055169 1. Entity Name ARTISTIC GLASS & MIRROR, INC. 07-05-2001 90003 012 ***150.00 09-05-2001 90005 029 ***550.00 Principal Place of Business Mailing Address 1899 NW 29TH ST. 1899 NW 29TH ST. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1042427 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent بهارين والمستان المهيب بالأسارات مديد فهيد MARTUCCI, ROSE Street Address (P.O. Box Number is Not Acceptable) 1899 NW 29TH ST. FT. LAUDERDALE FL 33311 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, 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 \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fee (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (5/01)Delete TITLE ☐ Change NAME MARTUCCI, ROSE NAME STREET ADDRESS 1899 NW 29TH ST. STREET ADDRESS CR2E034 FT. LAUDERDALE FL 33311 CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

7/5/01-90003-012-\$150.00-\$150.00

2001 UNIFORM BUS	INESS REPO	ORT (UBR)	s i		
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t. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State		4. FEI Number 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	Name	7. Name and Address of New R	egistered Agent	₹
ROSE MARTUCCI 1899 NW 29Th ST.					4
FT. LAUDERDACE, A. 33311		Street Addres	s (P.O. Box Number is Not Acceptable) .] .
FT. LAUSERDAKE, FC 3351	•			_	
		City		FL Zip Code	7
3. The above named entity submits this statement for	or the purpose of changing it	ts registered office or regis	tered agent, or both, in the State of Flo	rida.	1
ia			•		}
IGNATURE	and title if englishing (NF	OTE: Registered Agent signature requ	fred when reinstating)	DATE	1
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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 		VIII FEE IS \$150.00 001 Fee will be \$550.0	10. Election Campaign Fin Trust Fund Contribution		
(See criteria on back)	, Make Check Paya	able to Department of S	itate		_
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CITY-SI-ZIP		CITY-ST-ZIP			}
 hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp changed, or on an attachment with an address. 	s true and accurate and that owered to execute this repor	my signature shall have that as required by Chapter 6	Section 119.07(3)(i), Florida Statutes. I le same legal effect as if made under o 07, Florida Statutes; and that my name	further cartify that the information ath; that I am an officer or director appears in Block 11 or Block 12 if	
SIGNATURE: SIGNATURE			4-24-2001	954, 133-8080	
SIGNATURE AND TYPED OR	RINTED HAME OF SIGNING OFFICES	R OR DIRECTOR	Date	Daytime Phone #	بمرجسته
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