

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

07-28-2002 90203 018 ***150.00

DOCUMENT # P00000068719

1. Entity Name

ARTIBE, INC.

Principal Place of Business

**2601 BROWNING STREET
 SARASOTA FL 34237-7628**

Mailing Address

**2601 BROWNING STREET
 SARASOTA FL 34237-7628**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1027633

Applied For

Not Applicable

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

GARDI, LES

**7061 S. TAMiami TRAIL
 SARASOTA FL 34231-5559**

Name

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

City

FL

Zip Code

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

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **PD** ☐ Delete
 NAME **ARANY, GYORGY**
 STREET ADDRESS **2601 BROWNING ST.**
 CITY-ST-ZIP **SARASOTA FL 34237**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 changed, or on an attachment with an address, with all other info empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02
 Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Artibe Inc.

2601 Browning St #P00000068719

Sarasota FL 34237

P00000068719

To FL Dept of State.

Please abate the \$400 Late Filing

Penalty We did not Receive

the Original UBR Report and

we filed the second report upon

receipt with our \$150⁰⁰ Filing Fee

(Copies Attached) Thank

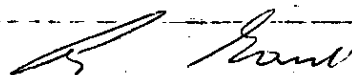
you for your Consideration on

this Matter



Georgy Arany

President



LES GARDI, CPA
7061 S. TAMiami TRAIL
SARASOTA, FL. 34231-5559
(941) 925-2099

Les Gardi, CPA
Registered Agent.