

FILED
May 22, 2001 8:00 am
Secretary of State

04-19-2001 90309 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000069646

1. Entity Name

THE ART OF PLACEMENT, INC.

Principal Place of Business

Mailing Address

6003 NW 31 AVE
FT LAUDERDALE FL 333096003 NW 31 AVE
FT LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

20938 Pacific Terrace

20938 Pacific Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton

Boca Raton

Zip

Country

Zip

Country

33430

Palm Bch

33430

Palm Bch

4. FEI Number

65-1025246

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

FELDMAN, NANCY
6003 NW 31 AVE
FT LAUDERDALE FL 33309

Name

Les Feldman

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

20938 Pacific Terrace

City

Boca Raton

FL

Zip Code
33430

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

Les Feldman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

4/15/01

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 \$350.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. President OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
NAME: Nancy Feldman
STREET ADDRESS: 20938 Pacific Terrace
CITY-ST-ZIP: Boca Raton FL 33430

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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

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

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

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

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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)(f), 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:

Nancy Feldman, Pres. NANCY FELDMAN

4-16-01 (S61) 479-2290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)