

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 15, 2003 8:00 am**  
**Secretary of State**

09-15-2003 90161 045 \*\*\*150.00

0027458 AV

**DOCUMENT # P00000069966**

**1. Entity Name**  
**TITI ART, INC.**



**Principal Place of Business**  
**7832 NW 38TH CT.**  
**HOLLYWOOD FL 33024**

**Mailing Address**  
**7832 NW 38TH CT.**  
**HOLLYWOOD FL 33024**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **65-1015157**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARUSOTTI, MARIA**  
**7832 NW 38TH CT.**  
**HOLLYWOOD FL 33024**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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  
**D CARUSOTTI, MARIA**  
**6967 STIRLING RD**  
**DAVIE FL 33314**

☐ Delete

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

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**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:**

**Handwritten Signature**  
**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-6-03**

Date

**954-584-8525**

Daytime Phone #

CR2E034 (4/03)

Attachment

80148502

# P00000069966

4IT? ART, INC.  
6967 STirling Rd.  
DAVIE, FL. 33314  
954-584 8525

September 6, 2003

Srs.

Florida Department of Revenue  
Division of Corporations

Recently, we received the Uniform Business Report for the year 2003 charging US \$550.00 due we did not file the report before the due date. However, we never received this report before. Therefore, we ask you to waive this fee for this year and accept the initial fee of US \$150.00 in order to solve this matter.

Thank you.

Maria Carusotti

MARIA CARUSOTTI

PRESIDENT