APR-30-2002 11:39 WHLS PC

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91755 030 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089851

1. Entity Name
ART WORLD DIRECT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4330 NW 19TH AVENUE	4330 NW 19TH AVENUE
Suite, Apt. #, etc.: BLDG 5	Suite, Apt. #, etc.: BLDG 5
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33064 Country:	Zip: 33064 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040872 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name GARCIA, CHRISTINA
Street Address (P.O. Box Number Is Not Acceptable) 4330 NORTHWEST 19TH AVENUE
BUILDING 5
City POMPANO BEACH FL Zip Code 33064

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
Signature typed or printed 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) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE D NAME GARCIA, CHRISTINA STREET ADDRESS 4330 NW 19TH AVENUE BLDG 5 CITY-ST-ZIP POMPANO BEACH FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] V.P. X 4/29/02 954-978-0855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1W1140 1.000