2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000098108 **DOCUMENT #**

1. Entity Name

THE ART OF LIFE GALLERY, INC.



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90363 015 ***150.00

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Principal Place of Business 4151 GATE LANE MIAMI FL 33137		Mailing Address 4151 GATE LANE MIAMI FL 33137		THE REPORT OF A SOUTH SAINT SAINT A SOUTH SAINT	II
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & Sta	ate	City & State		4. FEI Number NOT APPLICABLE Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	ole
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of C	Urrent Pegiptorod Amont		Fee Required	
PACHEC	O, FERDIE-	arrent registered Agent	Name	7. Name and Address of New Registered Agent	
4151 GA	TE LANE		Street Address	s (P.O. Box Number is Not Acceptable)	
MIAMI FL	. 33137				_
			City	FL Zip Code	_
8. The above the obliga	e named entity submits this staten tions of registered agent.	nent for the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept	ot
SIGNATURE	Signature, typed or printed name of registere	d agent and title if population	F. Decision of the control of the co		
	ILE NOW!!! FEE IS \$150.0		E: Registered Agent signature requir	red when reinstating) DATE	_
Afte	r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
		1		Added to Fees	
10.	PD	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\dashv
TITLE NAME STREET ADDRESS	PACHECO, FERDIE 4151 GATE LANE	☐ Delete	TITLE NAME	☐ Change ☐ Addition	'n
CITY-ST-ZIP	MIAMI FL 33137		STREET ADDRESS CITY-ST-ZIP		
TITLE	RA	☐ Delete	TITLE	☐ Change ☐ Addition	$\frac{1}{2}$
NAME	PACHECO, KAREN L		NAME		<u> </u>
STREET ADDRESS CITY-ST-ZIP	4151 GATÉ LANE MIAMI FL 33137		STREET ADDRESS		
TITLE	MIMINI I C 33 137		CITY-ST-ZIP		╝
NAME .		Delete	TITLE NAME	☐ Change ☐ Additio	n
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STREET ADDRESS			NAME STREET ADDRESS*:		
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IAME			NAME	☐ Change ☐ Addition	
TREET ADDRESS	- ·		STREET ADDRESS		
CITY-ST-ZIP	ž		CITY-ST-ZIP		

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 withlan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #