

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

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 004 ***150.00

DOCUMENT # *P000000 98704*
1. Entity Name
A. B. ART + PRODUCTS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5880 N.W. 40 ST
Suite, Apt. #, etc.

3. Mailing Address
5880 N.W. 40 ST.
Suite, Apt. #, etc.

City & State
VIRGINIA GARDENS, FL.

City & State
VIRGINIA GARDENS, FL.

Zip
33166

Country
U.S.A.

Zip
33166

Country
USA

4. FEI Number
65-1050538

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent

Name
ADA BALCACER

Street Address (P.O. Box Number is Not Acceptable)
5880 N.W. 40 ST.

City
VIRGINIA GARDENS **FL** Zip Code
33166

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D- Pres - V. Pres. Trust - Sec. ADA BALCACER 5880 NW 40 ST VIRGINIA GARDENS, FL. 33166</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03 *305-871-4616*
Date Daytime Phone #

CR2E034B (12/02)