

**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*

3. Mailing Address

*5880 N.W. 40 ST.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*VIRGINIA GARDENS, FL.*

City & State

*VIRGINIA GARDENS, FL.*

4. FEI Number

*65-1050538*

Applied For

Not Applicable

Zip

*33166*

Country

*U.S.A.*

Zip

*33166*

Country

*USA*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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

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

(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>
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**DO NOT WRITE  
IN THIS SPACE**

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:

*Ada Balcazer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/26/03*

Date

*305-871-4616*

Daytime Phone #

CR2E034B (12/02)