

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90081 011 ***150.00

02583615 AV

DOCUMENT # P00000107887
 1. Entity Name
ALGAVI ART & DESIGN, INC.

Principal Place of Business 16780 NE 4 PL NO MIAMI BCH FL 33162	Mailing Address 1080 NE 176 STREET NO MIAMI BCH FL 33162
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1080 NE, 176 SE Suite, Apt. #, etc. NORTH MIAMI BC, FL
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DO NOT WRITE IN THIS SPACE

City & State 33162	City & State 33162
Zip	Country

4. FEI Number 65-1058919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELGEVI, ITZHAK
1080 NE 176 STREET
NO MIAMI BCH FL 33162

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

~~10. Election Campaign Financing~~ **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE PD	NAME ELGEVI, ITZHAK	<input type="checkbox"/> Delete
STREET ADDRESS 1080 NE 176 STREET		
CITY-ST-ZIP NO MIAMI BCH FL 33162		
TITLE STD	NAME ELGEVI, SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS 1080 NE 176 STREET		
CITY-ST-ZIP NO MIAMI BCH FL 33162		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF ITZHAK ELGEVI **3/25/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)