

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

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

04-28-2002 90576 017 ***150.00

DOCUMENT # *P01000020840*

1. Entity Name
NATURAL ROCK ART, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11225 NW 16 ST.

3. Mailing Address
11225 NW 16 ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FL

City & State

4. FEI Number
65-1081212

Applied For
Not Applicable

Zip
33026

Country
USA

Zip

Country

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
ROBERT KENT

Street Address (P.O. Box Number is Not Acceptable)
11225 NW 16 ST.

City
PEMBROKE PINES FL Zip
33026

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: *Robert M Kent*

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

(NOTE: Registered Agent signature required when reinstating)

04/14/02
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
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
ROBERT KENT
11225 NW 16 ST.
PEMBROKE PINES, FL 33026*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*D
LAURA KENT
11225 NW 16 ST.
PEMBROKE PINES, FL 33026*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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: *Robert M Kent* Robert M. Kent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/02 (954) 434-0210
Date Daytime Phone

CR2E034B (12/01)