## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** P01000042698

DOCUMENT # 1. Entity Name

FRAME & ART DEPOT, INC.



## Apr 21, 2003 8:00 am Secretary of State

04-21-2003 91039 027 \*\*\*150.00

					THE TRANSPORT						
Principal Place of Business 803 E. PALMETTO PARK ROAD BOCA RATON FL 33432		Mailing Address 803 E. PALMETTO PARK ROAD BOCA RATON FL 33432				!			<b>1 1010</b>   L <b>0</b> 12 10 <b>0</b> 1		
2. Principal F	Place of Business	3. Mailing Address				-	( 1001100) III 00101 (10)				
Suite, Apt.	#, etc:	Suite, Apt. #, etc.				===	CHECK HERE IF MAKING CHANGES				
City & Stat	te	City & State				4.	FEI Number 65-1097202 Applied For Not Applicab			<del>``</del>	-
Zip Country		Zip		ry	5. Certificate of Status Desired See Required Fee Required			Iditional	1		
	6. Name and Address of Current	Registered	l Agent			7. i	Name and Address of New Reg				┨
					Name			<del>-</del>			1
Payne, ian					Street Address (P.O. Box Number is Not Acceptable)						
803 E. PA	ALMETTO PARK ROAD					Street Address (F.O. Box Number is Not Acceptable)					
BOCA RA	TON FL 33432						•				
					City			FL	Zip Coo	de	1
8. The above	named entity submits this statement fo	r the purpo	se of changing its	registere	d office or regist	ered an	ent, or both, in the State of Florid		L niliar with	and accept	1
	tions of registered agent.	i tilo pai po	ad or onlying he	, og.0.0.0	a dilloc or logist	.5,55 2.9	only of body in the state of Florid	u. , u		and doops	
SIGNATURE	•										
*	Signature, typed or printed name of registered agent a	and title if applic	able. (NOTE	: Registered	Agent signature requir	red when re	einstating)	DATE			_
م منطق المنطق	ILE NOW!!! FEE IS \$150.00		<del>late</del> for				9. Election Campaign Finan	cina	¢E (	00 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State					Trust Fund Contribution.	cing $\square$		d to Fees	
10.	OFFICERS AND		n	11.			DDITIONS/CHANGES TO OFFICE	DC AND C	IDECTOE	OC IN 11	}
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NAME	PAYNE, MIRIAM		La Duloto	NAME							1 2
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STREET ADDRESS				STREE	T ADDRESS						

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 frue 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 with an address, with all other like empowered.

**SIGNATURE:** 

CITY-ST-ZIP