

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/6

**FILED**  
**Jun 05, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90045 038 \*\*\*158.75

**DOCUMENT # P01000061212**

1. Entity Name  
**ARTWORK REGISTRY CORP.**

Principal Place of Business  
**6020 N. FEDERAL HWY STE 2**  
**BOCA RATON FL 33487**

Mailing Address  
**6020 N. FEDERAL HWY STE 2**  
**BOCA RATON FL 33487**

**34674**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address <b>P.O. Box 3805</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>BOCA RATON FL 33427</b>	
Zip	Country	Zip	Country

4. FEI Number <b>03-0399699</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MERHI, JOSEPH**  
**6020 N. FEDERAL HWY STE 2**  
**BOCA RATON FL 33487**

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 *[Signature]* DATE **04-18-02**

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. ☐ **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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERHI, JOSEPH</b> <b>6020 N. FEDERAL HWY STE 2</b> <b>BOCA RATON FL 33487</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDTAS</b> <b>MERHI, JOSEPH</b> <b>6020 N. FEDERAL HWY STE 2</b> <b>BOCA RATON FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>ABSI GRACE</b> <b>6020 N. FEDERAL HWY STE #2</b> <b>BOCA RATON FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERHI, ELIE</b> <b>6020 N. FEDERAL HWY STE #2</b> <b>BOCA RATON FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MERHI, MIREILLE</b> <b>6020 N. FEDERAL HWY STE #2</b> <b>BOCA RATON FL 33487</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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]* **4-16-2002** **281-962 0012**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)