2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State 02-03-2003 90314 013 ***150.00

DOCUMENT # P01000071162 1. Entity Name ARTSPACE OF HOLLYWOOD, INC.						,			
		Mailing Address TURNBERRY PLAZA. STE 801 2875 NE 191 ST AVENTURA FL 33180							
Principal Place of Business 3. Mailing Address						n hunninder iin dosant alose uniff earts uni	ik 00 444 i 058 1 44 00 4 44		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	1. FEI Number 46-04653	02	Applied For Not Applicable	e	
Zip	Country	Zip	Country		5	. Certificate of Status Desired	\$8.75 / Fee Requ		
·	6Name and Address of Current I	Registered Agent			7	Name and Address of New Regis	stered Agent		コ
5.4515.1614	_	Name							
Batievsky, Abraham Turnberry Plaza, Ste 801				Street Ac	t Address (P.O. Box Number is Not Acceptable)				
2875 NE 191 ST AVENTURA FL 33180				City	·		El Zip C	ode	-
				agent, or both, in the State of Florida	_ F L. '		_		
the obliga	tions of registered agent.			d Agent signatur			DATE		
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department of	State				Election Campaign Financi Trust Fund Contribution.	**	.00 May Be led to Fees	
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO	RS IN 11	1.
NAME STREET ADDRESS CITY-ST-ZIP	D □ Celete BATIEVSKY, ABRAHAM TURNBERRY PLAZA, STE 801 2875 NE 191 ST AVENTURA FL 33180		1				☐ Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete BERMAN, SUSY TURNBERRY PLAZA, STE 801 2875 NE 191 ST AVENTURA FL 33180		NAMI STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e ☐ Addition] 85]
NAME STREET ADDRESS CITY-ST-ZIP	BATIEVSKY, KARINA TURNBERRY PLAZA, STE 801 2875 NE 191 ST AVENTURA FL 33180			E Et aodress -SI-Zip			Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	CITY-	ET ADDRESS ST-ZIP			☐ Change	Addition	
12. I hereby of indicated of the corchanged	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or fustee empoyon on an attachment with supplements.	his filing does not qualify for rue and accurate and that may repert to execute this report a finally there like any product of the second sec	the exen y signati is require	nption stated ure shall haved ed by Chapt	d in Section e the same er 607, Flor	n 119.07(3)(l), Florida Statutes. I furth e legal effect as if made under oath; t rida Statutes; and that my name app	er certify that the hat I am an office ears in Block 10 o	information or director or Block 11 if	