2002 UNIFORM BUSINESS REPORT (UBR)

P01000073078

1. Entity Mame

DOCUMENT #

SOUTH FLORIDA ARTWORK, INC. Principal Place of Business Mailing Address 3173 FLORIDA AVE 3173 FLORIDA AVE COCONUT GROVE FL 33133 COCONUT GROVE FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 4857 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ____ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHITLOCK, TERRY Street Address (P.O. Box Number is Not Acceptable) 2952 LOUISE ST **COCONUT GROVE FL 33133** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11 OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Dalete TITLE Change Addition: CR2E034 (9/01 PURIFOY, DIANNE A NAME NAME 3173 FLORIDA AVE STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WHITLOCK, TERRY NAME NAME STREET ADDRESS 2952 LOUISE ST STREET ADDRESS CITY-ST-ZIP **COCONUT GROVE FL 33133** CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE . ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 charged, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

205-444-4145 Daytime Phone 4

FILED

Jul 04, 2002 8:00 am Secretary of State

05-12-2002 90541 025 ***150.00

Attachrent 10# PO/00073078 37833

SOUTH FLORIDA ARTWORK, INC.

3173 Florida Avenue Coconut Grove, Florida 33133

June 29, 2002

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Gentlemen:

I am in receipt of your correspondence dated May 15, 2001. The mail was misdirected. We opened the letter today.

As per your correspondence we have noted our Federal Identification Number. We request that under the circumstances that since the return was timely filed that the penalty be abated.

Your consideration is appreciated.

Very truly yours,

Dianne C. Purifoy

President