

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90124 017 \*\*\*150.00

**DOCUMENT # P01000083483**

1. Entity Name  
**ARTISTIC INTERIOR DESIGNS, INC.**

Principal Place of Business  
**16406 SAPPHIRE BEND**  
**WESTON FL 33331**

Mailing Address  
**16406 SAPPHIRE BEND**  
**WESTON FL 33331**

2. Principal Place of Business  
**8020 W McNab Rd**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8020 W McNab Rd**  
 Suite, Apt. #, etc.

City & State  
**North Lauderdale, FL**

City & State  
**North Lauderdale, FL**

Zip  
**33068**

Country  
**US**

Zip  
**33068**

Country  
**45**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1140968**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PAYANO, FRANKLIN**  
**16406 SAPPHIRE BEND**  
**WESTON FL 33331**

7. Name and Address of New Registered Agent  
 Name  
**Payano, Franklin**  
 Street Address (P.O. Box Number is Not Acceptable)  
**8020 W McNab Rd**  
 City  
**North Lauderdale** **FL** Zip Code  
**33068**

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 **4/30/02**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**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	<b>D</b>	<input checked="" type="checkbox"/> Delete		TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>PAYANO, FRANKLIN</b>			NAME	<b>Payano, Franklin</b>		
STREET ADDRESS	<b>16406 SAPPHIRE BEND</b>			STREET ADDRESS	<b>8020 W McNab Rd</b>		
CITY-ST-ZIP	<b>WESTON FL 33331</b>			CITY-ST-ZIP	<b>North Lauderdale, FL 33068</b>		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **954-721-8838**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)