

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90048 014 ***150.00

DOCUMENT # P01000085170

1. Entity Name
ART & DESIGN EXPRESSION INC

Principal Place of Business
2884 TENNIS CLUB DR #205
WEST PALM BEACH FL 33417

Mailing Address
2884 TENNIS CLUB DR #205
WEST PALM BEACH FL 33417

2. Principal Place of Business
1110 2nd Av South
Suite, Apt. #, etc.
none

3. Mailing Address
1110 2nd Av South
Suite, Apt. #, etc.
none

City & State
Lake Worth - FL

City & State
Lake Worth - FL

Zip
33460

Country
U.S.A

Zip
33460

Country
U.S.A

4. FEI Number **651136823** ☒ **Applied For**
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

CASAVECCHIA, FERNANDO G
2884 TENNIS CLUB DR #205
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

Name **Julian Pinilla**
Street Address (P.O. Box Number is Not Acceptable)
15132 SW 404 - ST - 203
City **Miami** **FL** **Zip Code** **33196**

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 *Julian Pinilla* **Julian Pinilla** **4/22/02**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ **Delete**
NAME **MADRINAN, ANGELA M**
STREET ADDRESS **2884 TENNIS CLUB DR #205**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
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: *Angela M. Casavecchia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **Daytime Phone #**

CR2E034 (9/01)