

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90143 001 ***158.75

DOCUMENT # P01000088049

1. Entity Name
RO-ART INVESTMENTS INC.



Principal Place of Business
RO-ART INVESTMENTS INC
1521 ALTON RD STE 514
MIAMI BEACH FL 33139

Mailing Address
RO-ART INVESTMENTS INC
1521 ALTON RD STE 514
MIAMI BEACH FL 33139

60019550



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1143598**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHULTZ, ARTHUR
1521 ALTON RD - STE 514
MIAMI BEACH FL 33139-3301

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULTZ, ARTHUR	
STREET ADDRESS	1521 ALTON RD STE 514	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHULTZ, ROCHELLE	
STREET ADDRESS	1521 ALTON RD STE 514	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROCHELLE SCHULTZ **4/12/03** **389-1227** **(954)**

CR2E034 (10/02)