

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

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90472 025 ***150.00

DOCUMENT # P01000095095

1. Entity Name

ART LINE CORPORATION



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1320 STIRLING RD.

3. Mailing Address

1320 STIRLING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3-A

3-A

City & State

DANIA FL

City & State

DANIA FL

Zip

33004

Country

USA

Zip

33004

Country

USA

4. FEI Number

65-1147562

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

VALENTYN BRYL

Street Address (P.O. Box Number is Not Acceptable)

1320 STIRLING RD - 3.A.

City

DANIA FL

FL

Zip Code

33004

**DO NOT WRITE
IN THIS SPACE**

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2.27.03

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VALENTYN BRYL
STREET ADDRESS 1320 STIRLING RD 3-A
CITY-ST-ZIP DANIA FL 33004

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.27.03 (954)920-0174

Date

Daytime Phone #

CR2E034B (12/02)