

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


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90307 018 ***150.00

0366814 AV

DOCUMENT # **P01000105670**

1. Entity Name **ART FACTORY, INC.**



Principal Place of Business
**9157C SW 23RD ST.
FORT LAUDERDALE FL 33324**

Mailing Address
**9157C SW 23RD ST.
FORT LAUDERDALE FL 33324**



2. Principal Place of Business
1607 SE 1ST

3. Mailing Address
1607 SE 1ST

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State **POMPANO BEACH, FL** City & State **POMPANO BEACH, FL**

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

Zip **33060** Country **U.S.A.** Zip **33060** Country **U.S.A.**

6. Name and Address of Current Registered Agent

SERRANO, PABLO
9157C SW 23RD ST.
FORT LAUDERDALE FL 33324

7. Name and Address of New Registered Agent

Name **SERRANO, PABLO**

Street Address (P.O. Box Number is Not Acceptable) **1607 SE 1ST**

City **POMPANO BEACH FL** Zip Code **33060**

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 **PABLO SERRANO** DATE **4.28.2003**

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	SERRANO, PABLO
STREET ADDRESS	9157C SW 23RD ST.
CITY-ST-ZIP	FORT LAUDERDALE FL 33324
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRANO, PABLO
STREET ADDRESS	1607 SE 1ST
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **PABLO SERRANO** DATE **4.28.2003** DAYTIME PHONE # **(954)2611439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/02)