

FILED  
Apr 09, 2002 8:00 am  
Secretary of State

04-09-2002 91159 023 \*\*\*150.00

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000114254 ✓

1. Entity Name

ART STUDIO ADRIANA MARTINELLI CORP.

DO NOT WRITE IN THIS SPACE

80061928

2. Principal Place of Business

821 SE 3<sup>rd</sup> Street

Suite, Apt. #, etc.

3. Mailing Address

821 SE 3<sup>rd</sup> Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Deerfield Beach, FL

City & State

DEERFIELD BEACH FL

4. FEI Number

65-1158682

Applied For

Not Applicable

Zip  
33441

Country  
USA

Zip  
33441

Country  
USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DESPACHANTE BRASILEIRO

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

3961 N. FEDERAL AVE

City POMPAHO BEACH

FL

Zip Code 33064

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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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

03/28/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PRESIDENT  
EDMILSON CARVALHO DE BRITO  
821 SE 3<sup>rd</sup> Street  
DEERFIELD BEACH, FL 33441

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/02

Date

954-4233733

Daytime Phone #

CR2E034B (12/01)