

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000114254

1. Entity Name

ART STUDIO ADRIANA MARTINELLI, CORP.

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

03-03-2003 90906 039 ***150.00

Principal Place of Business

Mailing Address

821 SE 9TH STREET

821 SE 9TH STREET

DEERFIELD BEACH FL 33441

DEERFIELD BEACH FL 33441

2. Principal Place of Business

945 S. FEDERAL HWY

3. Mailing Address

945 S. FEDERAL HWY

Suite Apt. #, etc.

Suite Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

Country

33441

Zip

Country

33441

4. FEI Number

65-1158682

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DESPACHANTE BRASILEIRO

3961 N FEDERAL HWY

POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

TAX HOUSE CORPORATION

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

3929 N. FEDERAL HWY

City

POMPANO BEACH

FL

Zip Code

33064

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

(NOTE: Registered Agent signature required when reinstating)

02/26/03

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, 2003 Fee will be \$550.00

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	PRESIDENT	<input checked="" type="checkbox"/> Delete
NAME	EDMILSON CARVALHO DE BRITO	
STREET ADDRESS	821 SE 9TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADRIANA BOURGUIGNON MARTINELLI	
STREET ADDRESS	44 SE 10TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

PRESIDENT

02/26/03

(561) 305 4480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #