

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90054 017 \*\*\*150.00

DOCUMENT # **P01000115618**

1. Entity Name **LAUREN WEINER**  
**ART Associates INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3301 NE 5TH AVE**

3. Mailing Address

**3301 NE 5TH AVE.**

Suite, Apt. #, etc.

**#716**

Suite, Apt. #, etc.

**#716**

City & State

**MIAMI FL**

City & State

**MIAMI, FL**

Zip

Country

**33137**

**USA**

Zip

Country

**33137**

**USA**

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**LAUREN WEINER**

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

**3301 NE 5TH AVE #716**

City

**MIAMI**

**FL**

Zip Code

**33137**

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)

DATE

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 (P) **PRESIDENT**  
NAME **LAUREN WEINER**  
STREET ADDRESS **3301 NE 5TH AVE #716**  
CITY-ST-ZIP **MIAMI, FL 33137**

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IN THIS SPACE**

CR2E034B (12/01)

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

**4/19/02 305.573.4095**  
Date Daytime Phone #