


FILED  
Jul 28, 2003 8:00 am  
Secretary of State

07-28-2003 90146 013 \*\*\*150.00

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

DOCUMENT # P02000027559	
1. Entity Name ART BY MINAS HOME DECOR PRODUCTS INC	

**DO NOT WRITE IN THIS SPACE**

90147827

2. Principal Place of Business 1701 W ATLANTIC AVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DELRAY BEACH - FL	City & State	4. FEI Number 33-0996419	Applied For Not Applicable
Zip 33444	Country PALM BEACH	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
CESAR JR, ROBERTO O  
Street Address (P.O. Box Number is Not Acceptable)  
1679 NW 144 WAY  
City  
PEMBROKE PINES FL Zip Code  
33028

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  DATE 07/23/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P.D. CESAR JR, ROBERTO O 1679 NW 144 WAY PEMBROKE PINES, FL 33028
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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:  DATE 07/23/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

attachment

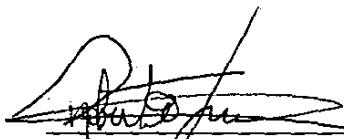
90147827  
# PD2000027559

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **ART BY MINAS HOME DÉCOR PRODUCTS, INC**

Thank you for your courtesy in this matter.



**ROBERTO DE OLIVEIRA CESAR JR**  
**PRESIDENT**