

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000087276

1. Entity Name

ARTISTRY WALL DESIGNS, INC.



FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90723 022 ***150.00

Principal Place of Business
1436 N.E. 25TH COURT
POMPANO BEACH FL 33064

Mailing Address
1436 N.E. 25TH COURT
POMPANO BEACH FL 33064



2. Principal Place of Business
2050 NE 25TH ST
Suite, Apt. #, etc.

3. Mailing Address
2050 NE 25TH ST.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Fort Lauderdale FL
Zip Country
33308 USA

4. FEI Number
13-4208532
Applied For
Not Application

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

6. Name and Address of Current Registered Agent

FREITAS, ROBERTO C
1436 N.E. 25TH COURT
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *Robert C Freitas* (NOTE: Registered Agent signature required when reinstating) 4-30-04

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREITAS, ROBERTO C		NAME		
STREET ADDRESS	1436 N.E. 25TH COURT		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE FREITAS, ROBSSON		NAME		
STREET ADDRESS	1436 N.E. 25TH COURT		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATSON, RICHARD C		NAME		
STREET ADDRESS	1850 S.W. 11TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #