FILED
Jul 10, 2003 8:00 am
Secretary of State
05-05-2003 91764 033 ***150.00

5/
5.

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000088922

1. Entity Name
ARTE INTERNATIONAL OF TAMPA, BAY, INC.

55050827

[redacted]

Principal Place of Business
~~PO BOX 172065~~
~~TAMPA FL 33672~~ 1702 KENNEDY BLVD
TAMPA, FL 33606

Mailing Address
~~PO BOX 172065~~
~~TAMPA FL 33672~~

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	917 N. FRANKLIN ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. TAMPA, FL.
City & State	City & State
Zip / Country	Zip 33602 / Country U.S.A.

4. FEI Number 90-0071394 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

COHEN, ROBERT F
2918 BUSCH LAKE BLVD
TAMPA FL 33614

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	~~ZACAIM, AVI~~ A. ZACAIM	NAME	
STREET ADDRESS	~~PO BOX 172065~~ → 1702 KENNEDY BLVD	STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33672~~ TAMPA, FL. 33606	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: AVI ZACAIM — PRE A ZACAIM 5-1-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

06/17/2003 13:30 8139356868 ROBERTFCOHENCPA PAGE 01
06/17/2003 09:55 FAX 215 516 1270

TELETIN

Attachment
273-6555

55050827
[redacted]
#P02000088932

Internal Revenue Service

Employer Identification Number (EIN) Cover Sheet

Date	6-17-2003
No. of pages *(including this one)*	1

Philadelphia Accounts Management Center (PAMC)

To	From
Robert F. Cohen	William Mesure, Chief, Operation I Philadelphia Accounts Management
Fax: 813-935-6868	Phone: 1-866-816-2065

ATTENTION

Name of Entity

Arte International of Tampa Bay Inc

EIN 90-0071394

Name of Entity

EIN

Name of Entity

EIN

This coversheet is used as verification of the requested EIN. For any questions regarding the application for Employer Identification Number (SS-4) use the above toll-free number, all other non-related question, please contact 800-829-1040