2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90054 030 ***150.00

DOCUMENT # P02000098219

1. Entity Name
ARTISTIC HOME IMPROVEMENT & REPAIRS, INC.

Principal Place of Business	Mailing Address
6941 CARLYLE AVENUE APT. 201 MIAMI BEACH, FL 33141	6941 CARLYLE AVENUE APT. 201 MIAMI BEACH, FL 33141

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	C/O DCS, INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9001-A N.W. 7 AVE
City & State	City & State MIAMI FL.
Zip / Country	Zip / Country 33150 / U.S.A.

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REMY, NOEL 6941 CARLYLE AVENUE APT. 201 MIAMI BEACH, FL 33141	Name: ENRIQUE MENENDEZ Street Address (P.O. Box Number is Not Acceptable) 280 NW 79 ST. City: MIAMI FL Zip Code: 33150

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: Enrique Menendez ENRIQUE MENENDEZ 04-29-03
(Signature, typed or printed name of registered agent and date if applicable.) (NOTE: Registered Agent's signature required when changing) DATE

FILING FEE: $150.00
Mail to: P.O. Box 6327, Tallahassee, FL 32314
Street Address: The 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REMY, NOEL 6941 CARLYLE AVENUE #201 MIAMI BEACH, FL 33141	☐ Delete	S REMY, NOEL 280 NW 79 ST MIAMI, FL. 33150	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REMY, SORENA J 6941 CARLYLE AVENUE #201 MIAMI BEACH, FL 33141	☐ Delete	P REMY, SORENA J 280 NW 79 ST MIAMI, FL. 33150	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	VP MARILYN TORRES 280 NW 79 ST MIAMI, FL. 33150	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

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: M. Remy REMY, NOEL 4-29-03 305-216-9160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #