

2004

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

04 FEB -4 PM 12:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #	P02000105217
1. Entity Name	
Art Woodwork, Inc.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2649 N.E. 12 Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Pompano Beach, FL			
Zip	Country	Zip	Country
33064			

REINSTATEMENT

03-04

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
02-0645269	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Ribeiro Osmar
Street Address (P.O. Box Number is Not Acceptable)
2649 N.E. 12 Terrace

City
Pompano Beach
FL
Zip Code
33064

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 Ribeiro Osmar President

1/21/2004

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

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	PVTSD
NAME	Ribeiro Osmar
STREET ADDRESS	2649 N.E. 12 Terrace
CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
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 Ribeiro Osmar

1/21/2004

954-540-1645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CBS FINANCIAL, CPA, PA
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

COMPREHENSIVE BUSINESS AND INDIVIDUAL FINANCIAL SOLUTIONS

January 21st, 2004

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Art Woodwork, Inc.
Form: 2003 and 2004 Uniform Business Report
Document #: P02000105217

Dear Madam/Sir,

We have been retained by the above referenced taxpayer recently.

During our initial interview with the taxpayer it was discovered that they had not received the Florida's 2003 Uniform Business Report; therefore, they had not filed it. Please note that the taxpayer **has moved** and has a **new mailing address**.

Please find enclosed the properly completed 2003 and 2004 Uniform Business Reports and a check payable to the Florida Department of State in the amount of \$300.00.

Please abate any late filing fees or other penalties. The taxpayer did not intend to file late.

Please do not hesitate to contact our offices if you have any questions.

Sincerely,



Luis A. Escobar, CPA

Encl.: 2003 Uniform Business Reports
Cc.: Art Woodwork, Inc.