

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90182 027 ***150.00

DOCUMENT # P02000107047

1. Entity Name
SPECIAL ARTS & DESIGNS CORPORATION



Principal Place of Business
520 BRICKELL KEY DRIVE, 0-305
MIAMI FL 33131

Mailing Address
520 BRICKELL KEY DRIVE, 0-305
MIAMI FL 33131

2. Principal Place of Business

555 WASHINGTON Ave
Suite, Apt. #, etc.

3. Mailing Address

555 WASHINGTON Ave
Suite, Apt. #, etc.

City & State
Miami Beach FL

Zip
33139

Country
USA

City & State
Miami Beach FL

Zip
33139

Country
USA

4. FEI Number
76-0718088

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A
520 BRICKELL KEY DRIVE, 0-305
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ELIANA FAKHOURY
Street Address (P.O. Box Number is Not Acceptable)
555 WASHINGTON Avenue
Miami Beach
City
FL **Zip Code**
33139

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 *Eliana Fakhoury* **March 27, 03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
D ☐ **Delete**
NAME
FAKHOURY, ELIANA
STREET ADDRESS
260 CRANDON BLVD., SUITE #35
CITY-ST-ZIP
KEY BISCAYNE FL 33149

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP
555 WASHINGTON Ave
Miami Beach FL 33139

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Eliana Fakhoury* **March 27, 03 / 305**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **6723434**

CR2E034 (10/02)