

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90045 033 ***150.00

DOCUMENT # P93000016364

1. Entity Name

ARTICHOKE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

6120 SW 80TH ST.
MIAMI FL 33143

P.O. BOX 140184
CORAL GABLES FL 33114-0184
US

2. Principal Place of Business

3. Mailing Address

6151 SW 81ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

Zip 33143

Country USA

Zip

Country

4. FEI Number

65-0391823

☒ 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

DIXON, MONROE
6419-B BIRD RD.
MIAMI FL 33155

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
ENG, SUCHART S
6120 SW 80TH ST. 6151 SW 81ST
MIAMI FL 33143

TITLE
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13. 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 11 or Block 12 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 #

4/20/2000 (305) 945-7576

CR2E034 (9/99)