

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000018435**

1. Entity Name

ALLWAYS ART, INC.**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90100 050 ***150.00

Principal Place of Business

837 LINCOLN ROAD
MIAMI FL 33139

Mailing Address

837 LINCOLN ROAD
MIAMI FL 33139

2. Principal Place of Business

3. Mailing Address

20 ISLAND AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1206

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

Country

331394. FEI Number **65-0549537**

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

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	P	<input type="checkbox"/> Delete	KERMAN, SILVIA EDITH			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	20 ISLAND AVE #1206		MIAMI FL 33137						
	V	<input type="checkbox"/> Delete	ZADUNAISKY, ANDREA			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	700 NE 26 TERR #1106		MIAMI FL 33137						
	S	<input type="checkbox"/> Delete	TARRAB, ALBERTO			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	700 NE 26 TERR #1106		MIAMI FL 33137						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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

SILVIA E. KERMAN

01/19/01

Date

(305) 532-5040

Daytime Phone #

CR2E034 (10/00)