

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
 02-10-2002 90056 027 ***150.00

0223929
 AV

DOCUMENT # P94000018435

1. Entity Name

ALLWAYS ART, INC.

Principal Place of Business

**837 LINCOLN ROAD
 MIAMI FL 33139**

Mailing Address

**20 ISLAND AV
 1206
 MIAMI FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. 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

**KERMAN, SILVIA EDITH
 20 ISLAND AVE
 #1206
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

ALWAYS ART

Street Address (P.O. Box Number is Not Acceptable)

300 BAYVIEW DRIVE #210

City

SUNY ISLES BEACH

FL

Zip Code

33160

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

Silvia Kerman **PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/02

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KERMAN, SILVIA EDITH	
STREET ADDRESS	20 ISLAND AVE #1206	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZADUNAISKY, ANDREA	
STREET ADDRESS	700 NE 26 TERR #1106	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	TARRAB, ALBERTO	
STREET ADDRESS	700 NE 26 TERR #1106	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Silvia Kerman **SILVIA KERMAN
 PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/02

Date

(305) 807 3281

Daytime Phone #

CR2E034 (9/01)