FILED
May 20, 2003 8:00 am
Secretary of State
04-25-2003 90242 047 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000018435

1. Entity Name
Allways Art, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

55042297

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
300 Three Island Boulevard	300 Three Island Boulevard
Suite, Apt. #, etc.: # 519	Suite, Apt. #, etc.: # 519
City & State: Hallandale, FL	City & State: Hallandale, FL
Zip: 33009 Country:	Zip: 33009 Country: USA

4. FEI Number: 65-0549537 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SILVIA KERMAN

Street Address (P.O. Box Number is Not Acceptable): 300 THREE ISLANDS BLVD # 519.

City: HALLANDALE FL Zip Code: 33009

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: SILVIA KERMAN
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Silvia Kerman 1080 N.E. 81st Street Miami Beach, FL 33138	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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: SILVIA KERMAN PRESIDENT 04/23/03 (305) 807-8281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E048 (12/02)

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