

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000065795**

1. Entity Name

ARTIM CORPORATION**FILED**
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90030 042 ***150.00

Principal Place of Business

Mailing Address

**810 S. RIDGEWOOD
DAYTONA FL 32114****1322 SHANGARILA N
DAYTONA FL 32119**

2. Principal Place of Business

800 SOUTH RIDGEWOOD AVE

3. Mailing Address

1180 HOUDY SHELL DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAYTONA**FL**

City & State

DAYTONA**FL**

4. FEI Number

59-3302848

Applied For

Not Applicable

32114**FLORIDA****32119****FLORIDA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**PATEL, MUKUND K
810 S. RIDGEWOOD
DAYTONA FL 32114**

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, 2000 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

TITLE	P	<input type="checkbox"/> Delete
NAME	PATEL, MUKUND K	
STREET ADDRESS	810 S. RIDGEWOOD	
CITY-ST-ZIP	DAYTONA FL 32114	

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

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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		

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-00

CR2E034 (9/99)