

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000025713**

1. Entity Name

ART IN GLASS, INC.**FILED**
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90011 029 ***150.00

Principal Place of Business

Mailing Address

**1375 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33179****1375 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33182-1011**

2. Principal Place of Business

18341 NE 4 COURT

3. Mailing Address

18341 NE 4 COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. MIAMI BCH, FL

City & State

N. MIAMI BCH, FL

4. FEI Number

65-0572417

Applied For

Not Applicable

Zip

FL 33179

Country

Zip

33179

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****PRIGOSHIN, MARTA I
1375 N.E. 199TH STREET
NORTH MIAMI BEACH FL 33179****7. Name and Address of New Registered Agent**Name **PRIGOSHIN, MARTA I**

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

18341 NE 4 COURTCity **N. MIAMI BCH****FL**Zip Code **33179**

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**TITLE **D** ☐ Delete
NAME **PRIGOSHIN, MARTA I**
STREET ADDRESS **1375 N.E. 199TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**TITLE **D** ☐ Delete
NAME **BICOFF, NATALIO**
STREET ADDRESS **1375 N.E. 199TH STREET**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **D** ☐ Change ☐ Addition
NAME **PRIGOSHIN, MARTA I**
STREET ADDRESS **18341 NE 4 CT.**
CITY-ST-ZIP **NORTH MIAMI BCH, FL 33179**TITLE **D** ☐ Change ☐ Addition
NAME **BICOFF, NATALIO**
STREET ADDRESS **18341 NE 4 CT**
CITY-ST-ZIP **NORTH MIAMI BCH, FL 33179**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: [Signature] MARTA PRIGOSHIN 4-25-00 (305) 652-9317

CR2E034 (9/99)