

# 2000 UNIFORM BUSINESS REPORT (UBR)

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FILED

00 APR 25 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056346

1. Entity Name

ARTISTIC ACCESSORIES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

9834 GLADES RD

3. Mailing Address

9834 GLADES RD

Suite, Apt. #, etc.

C-14

Suite, Apt. #, etc.

C-14

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33434

Country

Zip

33434

Country

USA

4. FEI Number

65-0596720

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name VICTOR LORNO

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

2600 N MILITARY TRAIL

Suite 230

City BOCA RATON

FL

Zip Code

33431

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]

VICTOR LORNO

4/24/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Change 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]

VICTOR LORNO

ATTY-IN-FACT

4/24/00

561-995-0064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE

Artistic Accessories, Inc.

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☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, JUNE GAITA, President of Artistic Accessories, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Artistic Accessories, Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

JUNE GAITA  
Signature

PRESIDENT  
OWNER  
Title

11/3/95  
Date

JUNE GAITA  
Printed name