

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90074 036 ***150.00

DOCUMENT # **P95000073301**

1. Entity Name

Nefer Art, Inc. ✓

Principal Place of Business

Mailing Address

3501-B N. Ponte de Leon Blvd. Ste 333
St. Augustine FL 32045
USA

3501-B N. Ponte de Leon
Bld. Ste. 333
St. Augustine, FL 32045
USA

2. Principal Place of Business

3. Mailing Address

871 Venetia Bay Blvd
 Suite, Apt. #, etc.
206

871 Venetia Bay Blvd.
 Suite, Apt. #, etc.
206

City & State

City & State

Venice, FL

Venice, FL

Zip

Country

Zip

Country

34292

USA

34292

USA

4. FEI Number

n/a

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

A0022865

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

John R. Snow, Esq.
195 Wehiva Springs Rd. Ste 214
Longwood, FL 32779

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **Walter Fritz**
 CITY-ST-ZIP **Aachen - Str. 4**
D-10713 Berlin - Germany

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **St**
 STREET ADDRESS **Daniela Ludwig**
 CITY-ST-ZIP **Aachen - Str. 4**
D-10713 Berlin - Germany

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 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:

Walter Fritz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/01

Date

941-412-3688

Daytime Phone #

CR2E034 (11/00)