

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90020 043 ***150.00

DOCUMENT # P96000013052

1. Entity Name

ALL ART PICTURE FRAMING AND ART GALLERY, INC.

Principal Place of Business

Mailing Address

13746 SW. 152 ST.
MIAMI FL 33177
US

13746 SW 152 ST.
MIAMI FL 33177-1162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0640459**

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEMUS, RUBEN A-
381 WEST RIVERBEND DRIVE
SUNRISE FL 33326

Name

ANGEL AROLD

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

13000 SW 82 TERRACE

City

MIAMI, FL 33183

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]

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 **PD** ☒ Delete
NAME **LEMUS, RUBEN A**
STREET ADDRESS **381 WEST RIVERBEND DRIVE**
CITY-ST-ZIP **SUNRISE FL 33326**

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

TITLE **VD** ☐ Delete
NAME **ANGEL, AROLD**
STREET ADDRESS **13000 SW 82 TERRACE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **PD** ☒ Change ☐ Addition
NAME **ANGEL, AROLD**
STREET ADDRESS **13000 SW 82 TERRACE**
CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ 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]

REQUIRE

Angel Arold
President

01/18/00

Date

(305) 278-1007

Daytime Phone #

CR2E034 (9/99)