

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042473

1. Entity Name
ART'S FURNITURE CLINIC, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90014 006 ***150.00

Principal Place of Business Mailing Address
300 SOUTH PINE ISLAND ROAD, SUITE 304 300 SOUTH PINE ISLAND ROAD, SUITE 304
PLANTATION FL 33324 PLANTATION FL 33324-2621

80023945



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
420 South Dixie Hwy 420 South Dixie Hwy
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Hollywood, FL Hollywood, FL
Zip Zip
33020 33020
Country Country
USA USA

4. FEI Number 65-0705930 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
SARROW, JEFFREY A ESQ.
300 SOUTH PINE ISLAND ROAD, SUITE 304
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name ART CAICO
Street Address (P.O. Box Number is Not Acceptable) 420 South Dixie Hwy
City Hollywood FL Zip Code 33020

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 *Jeffrey A. Sarrow* DATE 1/17/2000
JEFFREY A. SARROW, ESQ. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Arthur Caico* Date 2-16-00 Daytime Phone # (954) 920-7622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)