

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90567 023 ***150.00

DOCUMENT # P96000042998

1. Entity Name

FACTORY OF MODERN ART, INC.



Principal Place of Business

**100 N. BISCAYNE BOULEVARD
30TH FL
MIAMI FL 33132**

Mailing Address

**100 N. BISCAYNE BOULEVARD
30TH FL
MIAMI FL 33132**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0667937

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HEYDASCH, AXEL
1000 NORTH BISCAYNE BOULEVARD
SUITE 3000
MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name **Axel Heydasch**
Street Address (P.O. Box Number is Not Acceptable)
SunTrust International Center
One SE 3rd Ave, Ste 1860
City **Miami** FL Zip Code **33132**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004, Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	HARGARTEN, MANFRED
STREET ADDRESS	100 NORTH BISCAYNE BOULEVARD, 30TH FL
CITY-ST-ZIP	MIAMI FL 33132
TITLE	D <input type="checkbox"/> Delete
NAME	NIETZER, WOLF M
STREET ADDRESS	100 NORTH BISCAYNE BOULEVARD, 30 TH FL
CITY-ST-ZIP	MIAMI FL 33132
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hargarten, Manfred
STREET ADDRESS	One SE 3rd Ave, Ste. 1860
CITY-ST-ZIP	Miami, Florida 33131
TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nietzer, Wolf M.
STREET ADDRESS	One SE 3rd Ave, Ste. 1860
CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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 #

Axel Heydasch
Authorized Agent
April 22 04
(305) 358-8400