

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000057431**

1. Entity Name

ART AND FRAMING WAREHOUSE, INC.**FILED****Jan 28, 2000 8:00 am**
Secretary of State

01-28-2000 90148 040 ***150.00

Principal Place of Business

Mailing Address

108-A NW 20TH ST
BOCA RATON FL 33431
US108-A NW 20TH ST
BOCA RATON FL 33431-7948
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0705985

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SEGER, BEN J
108-A NW 20TH ST
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Sam Vizner

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

108-A NW 20th Street

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

/Sam Vizner

(NOTE: Registered Agent signature required when reinstating)

1/24/00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Delete	D SEGER, BEN J 8569 VIA GIARDINO BOCA RATON FL 33433	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	DECEASED
<input type="checkbox"/> Delete	D VIZNER, SAM 10758 CYPRESS BEND DRIVE BOCA RATON FL 33498	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/Sam Vizner**1/24/00**

Date

561/362-5450

Daytime Phone #

CR2E034 (9/99)