

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000070241

1. Entity Name

JUDITH ART STUDIOS, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90131 036 ***150.00

Principal Place of Business

Mailing Address

~~3709 N.W. 7TH STREET~~
~~CENTRAL SHOPPING PLAZA~~
~~MIAMI FL 33126~~

~~9700 N.W. 7TH STREET~~
~~CENTRAL SHOPPING PLAZA~~
~~MIAMI FL 33126-5501~~

2. Principal Place of Business

3. Mailing Address

3711 NW 7th Street

3711 NW 7th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Central Shopping Plaza

Central Shopping Plaza

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33126

Dade

33126

Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACOSTA, JUDITH
3711 NW 7 ST
CENTRAL SHOPPING PLAZA
MIAMI FL 33126

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, 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 ☐ Delete
NAME PSTD
STREET ADDRESS ACOSTA, JUDITH R
CITY-ST-ZIP 3709 N.W. 7TH STREET
MIAMI FL 33126

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3711 NW 7th Street
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/00 305 643 9922

CR2E034 (9/99)