## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 24, 2002 8:00 am Secretary of State DOCUMENT # P96000092532 1. Entity Name 05-24-2002 91279 030 \*\*\*150 00 ARTISTIC DESIGN & CONSTRUCTION CORP. Principal Place of Business Mailing Address 3233 SOUTH ANDREWS AVENUE 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0707901 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KHOURY, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 3233 SOUTH ANDREWS AVENUE FORT LAUDERDALE FL 33316 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KHOURY, DEBORAH NAME NAME STREET ADDRESS 3233 SOUTH ANDREWS AVENUE STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME KHOURY, SALIM T. STREET ADDRESS 3233 S. ANDREWS-AVE - -STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TITLE VΡ Delete TITLE ☐ Change ☐ Addition NAME KHOURY, T. ALEXANDER NAME STREET ADDRESS 3233 S. ANDREWS AVE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME KHOURY, L. NICHOLAS NAME STREET ADDRESS 3233 S. ANDREWS AVE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33316 CITY-ST-ZIP TIT! E ☐ Delete TITLE Change ☐ Addition NAME PEANA, PAUL NAME STREET ADDRESS 3233 SOUTH ANDREWS AVENUE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 supplied ental 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

SIGNATURE:

SIGNAT

4/30/02

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