

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000094262

1. Entity Name

HEIDEMANN ART SERVICES, CORP.

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

04-21-2000 90094 026 ***150.00

Principal Place of Business

Mailing Address

~~423 NE 23TH ST.~~
~~MIAMI FL 33137~~

~~P.O. BOX 310098~~
~~MIAMI FL 33231-0098~~
US

2. Principal Place of Business

3. Mailing Address

6200 NE 4 COURT

300 Sevilla Ave.

Suite, Apt. #, etc.

Suite 215

City & State

Miami FL

City & State

Coral Gables FL

Zip

Country

33138 USA

Zip

Country

33134 USA

4. FEI Number

59-3428303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEIDEMANN, THOMAS
423 NE 23RD ST
MIAMI FL 33137

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 D
STREET ADDRESS HEIDEMANN, THOMAS
CITY-ST-ZIP 423 NE 23TH ST.
MIAMI FL 33137

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)