

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90076 010 \*\*\*150.00

**DOCUMENT #** P97000013908  
**1. Entity Name**

**L'ARTCORP, INC**

<b>Principal Place of Business</b>	<b>Mailing Address</b>
2555 COLLINS AVENUE PH 103 MIAMI BEACH, FLORIDA 33140	2555 COLLINS AVENUE PH 103 MIAMI BEACH, FLORIDA 33140

<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

<b>4. FEI Number</b>	<b>Applied For</b>
65-0740943	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JACK LEVINE, CPA**  
16855 NE 2ND AVENUE  
SUITE 303  
NORTH MIAMI BEACH, FLORIDA 33162

**7. Name and Address of New Registered Agent**

<b>Name</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b>
<b>City</b> <b>FL</b> <b>Zip Code</b>

**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** **3/22/01**  
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**

<b>TITLE</b>	<b>DIRECTOR</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>SABINE FORMISANO</b>
<b>STREET ADDRESS</b>	<b>2555 COLLINS AVE, PH 103</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI BEACH, FL 33140</b>
<b>TITLE</b>	<b>VICE PRESIDENT</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>LAURENT FORMISANO</b>
<b>STREET ADDRESS</b>	<b>2555 COLLINS AVE, PH 103</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI BEACH, FL 33140</b>
<b>TITLE</b>	<b>PRESIDENT</b> <input type="checkbox"/> Delete
<b>NAME</b>	<b>FREDRIC FORMISANO</b>
<b>STREET ADDRESS</b>	<b>2555 COLLINS AVE, PH 103</b>
<b>CITY - ST - ZIP</b>	<b>MIAMI BEACH, FL 33140</b>
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**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**

**3/22/01**  
**Date** **Daytime Phone #**

CR2E034 (9/99)