

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000025766

i. Entity Name

ARTI - STIC INDUSTRIES INC.

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90004 031 \*\*\*150.00

|                                                                                             |                                                                                              |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business<br>MITCHELL GRANAT, ESQ.<br>SE 18 STREET<br>LAUDERDALE FL 33316 | Mailing Address<br>770 NW 57TH CT<br>412 SE 18 STREET<br>FORT LAUDERDALE FL 33316-2820<br>US |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

00067621

|                                                       |                                           |
|-------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|-------------------------------------------------------|-------------------------------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0744022 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br>GRANAT, MITCHELL<br>412 SE 18 STREET<br>FORT LAUDERDALE FL 33316 |
|---------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------|
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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                     |                                                                                                                               |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BARAK, ZEVI<br>5615 MERRIMAC STREET COTE ST. LUC,<br>QUEBEC H4W155 CANADA <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SVD<br>BARAK, ESTHER<br>5615 MERRIMAC STREET COTE ST. LUC,<br>QUEBEC H4W155 CANADA <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                               |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 #

04/30/00 06/28/00

CR2E034 (9/99)

ARTI-STIC INDUSTRIES, INC.

Attachment  
#992000025766  
00062621

0646  
63-643/670  
BRANCH 09503

PAY  
TO THE  
ORDER OF

DEPARTMENT OF STATE

DATE

04/30/00

\$ 150 <sup>xx</sup>

ONE HUNDRED AND FIFTY ONLY

DOLLARS  Security features  
included.  
Details on back.

**FIRST**  
**UNION**

First Union National Bank  
Hollywood, Florida  
R/T 067006432

FOR CORPORATION RENEWAL FOR 2000

⑈000646⑈ ⑆067006432⑆ 2090002059588⑆

*[Handwritten signature]*

by FAX!

FLORIDA DEPT. OF STATE (DIVISION OF CORPORATIONS)

ATT. WHOM IT MAY CONCERN!

06/26/00

PLEASE VERIFY IN YOUR RECORDS THE RENEWAL OF  
ARTISTIC INDUSTRIES INC. DUE TO THE FACT THAT WE  
HAVE FILED ON 04/30/00 THE RENEWAL WITH ABOVE  
ATTACHED CHEQUE HOWEVER STILL UP TO THIS DATE  
CHEQUE DID NOT CLEAR OUR BANK. PLEASE CALL  
US AND ADVISE THE STATUS!

TEL: -(954) 938-5353

FAX: (954) 938-5454

SPOKE TO YOUR  
PERATOR AND SHE  
STRUCTURED ME TO  
GIVE YOU A NEW  
CHECK WITH COPY OF  
OLD ONE AND COPY OF  
OUR FILING FORM!

THANKS

ARTISTIC IND.

Zevi Borok

*[Handwritten signature]*