

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000028690

1. Entity Name

ARTISTIC IRONWORKS OF EUROPA, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90139 046 ***150.00

Principal Place of Business

346 AZALEA ST.
PALM BEACH GARDENS FL 33410

Mailing Address

346 AZALEA ST.
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

15136 77TH TRAIL N

3. Mailing Address

15136 77TH TRAIL N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS

Zip

Country

33418

PALM BEACH

Zip

Country

33418

PALM BEACH

6. Name and Address of Current Registered Agent

GOTTIEB, SHELDON L ESQ.
10700 N. KENDALL DRIVE
SUITE 203
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

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, 2001 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 PD
NAME MELICHAR, JIRI
STREET ADDRESS 25505 S.W. 182 AVENUE
CITY-ST-ZIP HOMESTEAD FL 33031
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MELICHAR, JIRI
STREET ADDRESS 15136 77TH TRAIL NORTH
CITY-ST-ZIP PALM BEACH GARDENS, FL 33418
☐ Change ☐ Addition

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

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☐ Change ☐ Addition

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

04 20 01

Date

561 744 0605

Daytime Phone #

0289687

CR2E034 (10/00)