2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P97000093198 1. Entity Name ARTISTIC IMPRESSIONS, INC.					FILED Jul 18, 2000 8:00 am Secretary of State 07-18-2000 90088 049 ***550.00			
Principal Place	e of Business	Mailing Address		·				
1200 AURORA CORAL GABLES	STREET SUITE N S FL 33146	4200 AURORA STREET SUITE N CORAL GABLES FL 33146				កប្រ	00110	
2. Principal Pl	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4.	FEI Number	65-0790670		pplied For ot Applicable
Zip	Country	Zip	Country		Certificate of	Status Desired	Fee Require	ditional
	6. Name and Address of Current Re	egistered Agent	Name	7.	Name and Ad	ddress of New Registe		
BROCKHOUSE, DANETTE 4200 AURORA STREET SUITE N CORAL GABLES FL 33146			Name Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
CON	ME GADLES FE 33140		City				FL Zip Cod	le
Tax filing re	Synature, typed or provid name of registered agent and pration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)		•	0 e \$750.00 of State	10. Electi Trust	on Campaign Financin Fund Contribution.		<b>)0</b> May Be d to Fees
11.	OFFICERS AND D	RECTORS	<b>12.</b> TITLE	A	DDITIONS/CH	ANGES TO OFFICERS	AND DIRECTOR	IS IN 11
TITLE NAME STREET ADORESS CITY-ST-ZIP	BROCKHOUSE, DANETTE 4200 AURORA STREET SUITE N CORAL GABLES FL 33146		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	D RAUBACK, ELENA 4200 AURORA ST, STE. N	Delete	TITLE NAME STREET ADDRESS				Change	Addition
CITY-ST-ZIP	<u>- CORAL GABLES FL 33146</u>	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	<u></u>		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
	. ·	Delete .	TITLE NAME STREET ADDRESS CITY- ST-ZIP				Change	Addition
indicated of the corr		ue and accurate and that mered to execute this report a	CITY-ST-ZIP the exemption state y signature shall he as required by Chap	ve the same	e legal effect a rida Statutes; i	s if made under oath: t	hat I am an officer	r or director

## ADDLESIIS



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 30, 2000

ARTISTIC IMPRESSIONS, INC. 4200 AURORA STREET SUITE N CORAL GABLES, FL 33146

SUBJECT: ARTISTIC IMPRESSIONS, INC. Ref. Number: P97000093198

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Kristen Eckel Document Specialist Letter Number: 900A00036929

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314