

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093198

1. Entity Name

ARTISTIC IMPRESSIONS, INC.

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90389 013 \*\*\*150.00

Principal Place of Business

4200 AURORA STREET SUITE N  
CORAL GABLES FL 33146

Mailing Address

4200 AURORA STREET SUITE N  
CORAL GABLES FL 33146

104000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4444 SW 71 Ave #101A

3. Mailing Address

SKONE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIA, FL

City & State

City & State

4. FEI Number

65-0790670

Applied For

Not Applicable

Zip

33155

Country

USA

Zip

Zip

Country

Country

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

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

*Danette Brockhouse*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BROCKHOUSE, DANETTE  
CITY-ST-ZIP 4200 AURORA STREET SUITE N  
CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME Brockhouse, Danette  
STREET ADDRESS 4444 SW 71 Ave #101A  
CITY-ST-ZIP MIA, FL. 33155

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RAUBACK, ELENA  
CITY-ST-ZIP 4200 AURORA ST, STE. N  
CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME Rauback, Elena  
STREET ADDRESS 4444 SW 71 Ave #101A  
CITY-ST-ZIP MIA, FL. 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 all other like empowered.

SIGNATURE:

*Danette Brockhouse*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

3-26-01

Date

Daytime Phone #

205-663-3326

CR2E034 (10/00)

0189055