2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

SUITE 106

US

500 NE 3RD STREET

HALLANDALERDALE FL 33009

P98000015141 DOCUMENT

Country

6. Name and Address of Current Registered Agent

1. Entity Name

Principal Place of Business

HALLANDALERDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

PATRICK, VIVIES

City & State

Zip

500 NE 3RD STREET

SUITE 106

US

ART & POSTERS WORLDWIDE INC



FILED Mar 27, 2003 8:00 am Secretary of State

03-27-2003 90084 025 ***150.00

	CHECK HERE IF MAKING C) OFFOR 11851 BIDON 1185 1981
	4. FEI Number	Applied For
	65-0811199	Not Applicable
Country		8.75 Additional ee Required
	7. Name and Address of New Registered Ag	ent
Name		

Street Address (P.O. Box Number is Not Acceptable)

700 E.DANIA BEACH BLVD **SUITE #202** DANIA FL 33004 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition ☐ Delete NAME DUMAS, ROBERT NAME STREET ADDRESS 500 NE 3RD STREET #106 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP --☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

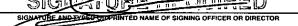
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



Delete

Date

Daytime Phone #

Change

☐ Addition