

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90039 025 ***150.00

DOCUMENT # P98000019802

1. Entity Name
ARTISTIC FLOOR DESIGN INCORPORATED

Principal Place of Business: **801 NE 4TH ST. HALLANDALE FL 33009**
 Mailing Address: **801 NE 4TH ST. HALLANDALE FL 33351-6846**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **10633 NW 32nd COURT**
 Suite, Apt. #, etc.

3. Mailing Address: **10633 NW 32nd COURT**
 Suite, Apt. #, etc.

City & State: **SUNRISE FL**

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Zip: **33351** Country: **1**

Zip: **33351** Country

4. FEI Number: **65-0814326** Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BUTUE, NICK
801 NE 4TH ST.
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
 Name: **NICK BUTUC**
 Street Address (P.O. Box Number is Not Acceptable): **10633 NW 32nd COURT**
 City: **SUNRISE** FL Zip Code: **33351**

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: *Mihai Popa* DATE: **4/5/2000**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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: P	<input type="checkbox"/> Delete
NAME: POPA, MIHAI	
STREET ADDRESS: 801 NE 4TH ST	
CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE: VP	<input type="checkbox"/> Delete
NAME: BUTUC, NICK	
STREET ADDRESS: 801 NE 4TH STR	
CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE: SEC	<input type="checkbox"/> Delete
NAME: POPA, ANA	
STREET ADDRESS: 801 NE 4TH ST	
CITY-ST-ZIP: HALLANDALE FL 33009	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS: 10633 NW 32nd COURT	
CITY-ST-ZIP: SUNRISE, FL, 33351	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS: 10633 NW 32nd COURT	
CITY-ST-ZIP: SUNRISE, FL, 33351	
TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS: 10633 NW 32nd COURT	
CITY-ST-ZIP: SUNRISE, FL, 33351	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> 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: x *Mihai Popa* DATE: **4/5/2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)