

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000032664

1. Entity Name

ARTINVEST INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

2001 PALM BEACH LAKES BLVD  
STE 501  
WEST PALM BEACH FL 33409

2001 PALM BEACH LAKES BLVD  
STE 501  
WEST PALM BEACH FL 33409-6517

2. Principal Place of Business

3. Mailing Address

2716 So. DIXIE HWY

2716 So. DIXIE HWY

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.  
101

City & State

City & State

WEST PALM BEACH

WEST PALM BEACH FL

Zip  
33405

Country

Zip  
33405

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

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

HAAS, JOSEPH

2001 PALM BEACH LAKES BLVD  
STE 501  
WEST PALM BEACH FL 33409

Name

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

2716 So. DIXIE HWY

101

City

WEST PALM BEACH

FL

Zip Code

33405

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete  
NAME HAAS, JOSEPH  
STREET ADDRESS 2001 PALM BEACH LAKES BLVD, #501  
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Change ☐ Addition  
NAME 2716 SOUTH DIXIE HWY  
STREET ADDRESS WEST PALM BEACH  
CITY-ST-ZIP FL 33405

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  
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CITY-ST-ZIP

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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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90323 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE