

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038901

1. Entity Name

ART ATTIC, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90164 040 ***150.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 811689
 BOCA RATON FL 33481-1689

POST OFFICE BOX 811689
 BOCA RATON FL 33481-1689

2. Principal Place of Business

3. Mailing Address

6401 E. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

SAME

City & State

City & State

Boca Raton

Boca Raton

Zip

Country

Zip

Country

33487

Palm Beach

33487

FL

6. Name and Address of Current Registered Agent

SHAFER, ROGER L. JR.
 2201 CORPORATE BOULEVARD N.W.
 SUITE 105
 BOCA RATON FL 33487

USE: R. CARTA / M. PEREZ
 6401 E. ROGERS CIRCLE
 SUITE 5
 BOCA RATON, FL 33487

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CEO	PEREZ, MICHAEL	6401 E ROGERS CIR STE 5	BOCA RATON FL 33487	<input checked="" type="checkbox"/> CHANGE
P, ST	CARTA, RICHARD R	6401 E ROGERS CIR #9	BOCA RATON FL 33487	<input checked="" type="checkbox"/> CHANGE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)