

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058481

1. Entity Name

ART SCULPTURE, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90104 019 \*\*\*150.00

Principal Place of Business

Mailing Address

200 SOUTHEAST 12TH AVENUE  
UNIT 415  
FORT LAUDERDALE FL 33301

200 SOUTHEAST 12TH AVENUE  
UNIT 415  
FORT LAUDERDALE FL 33301-3644

2. Principal Place of Business

3. Mailing Address

1070 TYLER ST

1070 TYLER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOollywood, FL.

City & State

HOollywood FL.

Zip

33019

Country

USA

Zip

33019

Country

USA

4. FEI Number

65-0853211

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

PSTD  
PEREZ, PATRICK A  
200 SOUTHEAST 12TH AVENUE  
FORT LAUDERDALE FL 33301

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

1070 TYLER STREET  
HOollywood, FL. 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

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

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

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CITY-ST-ZIP  
Change ☐ Addition ☐

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Delete ☐

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Delete ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change ☐ 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

PATRICK A. PEREZ

4/26/00

Date

954-925-6050

Daytime Phone #

CR2E034 (9/99)