

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 08:00 AM  
Secretary of State****DOCUMENT # P98000073549**

1. Entity Name

UNIVERSAL ART, INC.

Principal Place of Business

8200 SW 133 STREET

MIAMI  
33156

FL

Mailing Address

12950 SW 89 AVE

MIAMI  
33176

FL

2. Principal Place of Business

13153 SW 87TH AVENUE

3. Mailing Address

13153 SW 87TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

MIAMI

FL

City &amp; State

MIAMI

FL

4. FEI Number

65-0859268

Applied For

Not Applicable

Zip

33176

Country

Zip

33176

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**SHISH ITZCHAK  
12950 SW 89 AVEMIAMI  
33176

FL

**7. Name and Address of New Registered Agent**

Name

SHISH ITZCHAK

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

13153 SW 87TH AVENUE

City  
MIAMI

FL

Zip Code  
33176

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)

01/26/2000

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	PS	<input type="checkbox"/> Delete
NAME	SHISH ITZCHAK	
STREET ADDRESS	12950 SW 89 AVE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input type="checkbox"/> Delete
NAME	SAGI CHAVA	
STREET ADDRESS	C/O 8200 SW 133 STREET	
CITY-ST-ZIP	MIAMI FL 33156	

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		

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISH ITZCHAK	
STREET ADDRESS	13153 SW 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAGI CHAVA	
STREET ADDRESS	C/O 13153 SW 87TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33176	

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		

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: ITZCHAK SHISH

R 01/26/2000