

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90079 047 \*\*\*150.00

**DOCUMENT # P98000085226**

**1. Entity Name**  
**ARTISTIC WOODWORKING, INC.**



**Principal Place of Business**

**3735 NW 25TH STREET  
MIAMI FL 33142**

**Mailing Address**

**3735 NW 25TH STREET  
MIAMI FL 33142**

**2. Principal Place of Business**

**143 NW 23 ST.**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**MIAMI FL**

**Zip**

**33127**

**Country**

**USA**

**City & State**

**MIAMI FL**

**Zip**

**33127**

**Country**

**USA**

**City & State**

**MIAMI FL**

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**Country**

**USA**



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

**65-0869826**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**HEINOLD, NORBERT  
3735 NW 25TH STREET  
MIAMI FL 33142**

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

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing  
Trust Fund Contribution.**

☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE PD**  
**NAME HEINOLD, NORBERT**  
**STREET ADDRESS 3735 NW 25TH STREET**  
**CITY-ST-ZIP MIAMI FL 33142**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE PD**  
**NAME HEINOLD, NORBERT**  
**STREET ADDRESS 143 NW 23 ST.**  
**CITY-ST-ZIP MIAMI, FL 33127**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 10 or Block 11 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 #**

**03-21-2003/305-638-4041**

CR2E034 (10/02)