

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P98000089339

1. Entity Name

ART & MAISON, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

04-04-2000 90055 040 ***150.00

Principal Place of Business

2724 NORMAN DRIVE
WEST PALM BEACH FL 33409

Mailing Address

2724 NORMAN DRIVE
WEST PALM BEACH FL 33130-1206

2. Principal Place of Business

740 SW 1st st MIAMI

3. Mailing Address

740 sw 1st st 33130 miami

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

33 130

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAUTOUX JAULIN, MARIELLE
2724 NORMAN DRIVE
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

hautoux jaulin marielle

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

740 sw 1 st street

City

miami

FL

Zip Code
33 130

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

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

PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

28 APRIL 00
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 PTD ☐ Delete
NAME HAUTOUX-JAULIN, MARIELLE
STREET ADDRESS 2724 NORMAN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE DV ☐ Delete
NAME JEAN-CHRISTOPHE, JAULIN
STREET ADDRESS 2724 NORMAN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE D ☐ Delete
NAME PENZ, PASCAL
STREET ADDRESS 2724 NORMAN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE S ☐ Delete
NAME DOMINGUEZ, ALEXIS
STREET ADDRESS 2724 NORMAN DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Change ☐ Addition
NAME HAUTOUX-JAULIN, MARIELLE
STREET ADDRESS 740 SW 1st street MIAMI 33 130
CITY-ST-ZIP

TITLE DV ☐ Change ☐ Addition
NAME JEAN-CHRISTOPHE, JAULIN
STREET ADDRESS 740 SW 1st street MIAMI 33 130
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME PENZ PASCAL
STREET ADDRESS 740 SW 1st street MIAMI 33 130
CITY-ST-ZIP

TITLE S ☐ Change ☐ Addition
NAME DOMINGUEZ ALEXIS
STREET ADDRESS 740 SW 1st street MIAMI 33 130
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

28 APRIL 00
305 226 1777