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2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 21, 2000 8:00 am
Secretary of State

05-22-2000 90080 010 ***150.00

DOCUMENT # P98000101580

1. Entity Name
MAOR ART DECO, INC.

Principal Place of Business
137 ARAGON AVENUE
CORAL GABLES FL 33134

Mailing Address
137 ARAGON AVENUE
CORAL GABLES FL 33134-5424

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3716 N.W. South River Drive
Suite, Apt. #, etc.

3. Mailing Address
3716 N.W. South River Drive
Suite, Apt. #, etc.

City & State: Miami
Zip: 33142
Country: FL.

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Zip: 33142
Country: FL.

4. FEI Number 65-0775282 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAOR, ERAN
137 ARAGON AVENUE
CORAL GABLES FL 33134

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.

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	Delete
D MAOR, ERAN 1022 BAY DRIVE APARTMENT 8 MIAMI BEACH FL 33141	☐
	☐
	☐
	☐
	☐
	☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Change	Addition
President MAOR ERAN 3716 N.W. South River Drive Miami FL. 33142	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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: Eran Maor 4-20-00 (305) 442-5226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #