

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000115

1. Entity Name

MB ARTISTIC ENTERPRISES, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90033 050 ***150.00

Principal Place of Business

4820 N.W. 74TH PL.
POMPANO BEACH FL 33073

Mailing Address

4820 N.W. 74TH PL.
POMPANO BEACH FL 33073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0902849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOUCHARD, MICHEL
4820 N.W. 74TH PL.
POMPANO BEACH FL 33073

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME **D BOUCHARD, MICHEL**
STREET ADDRESS **4820 N.W. 74TH PL.**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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NAME
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment p99000000/15
0086901

MB ARTISTIC ENTERPRISES, INC.

4820 NW 74TH PLACE
POMPANO BEACH, FL 33073

September 8, 2000

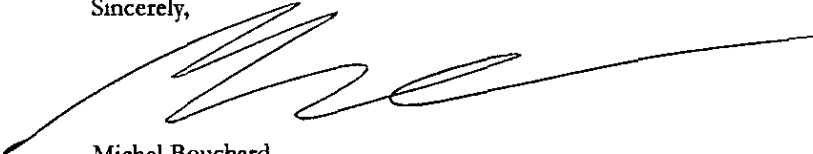
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS- REINSTATEMENT
PO BOX 6327
TALLAHASSEE, FL 32314

RE: FEI# 65-0902849

To Whom It May Concern:

Enclosed is a check in the amount of \$150.00 for my Uniform Business Report. I previously sent a check on April 23, 2000 along with my annual report, but apparently you did not receive it. After speaking with your department, they suggested that I send another check along with my second notice report and this letter. I am asking that you please waive all late fees since I did send my original report on time. Thank you very much for your consideration in this matter.

Sincerely,



Michel Bouchard