

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010215

1. Entity Name

ARTIZEN UNIVERSE, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

06-01-2000 90276 046 ***150.00

Principal Place of Business

Mailing Address

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131-1716

2. Principal Place of Business

848 BRICKELL AVE.

3. Mailing Address

848 BRICKELL AVE.

Suite, Apt. #, etc.

920

Suite, Apt. #, etc.

920

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0896958

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

DANIELS, NICHOLAS M
THERREL BAISDEN, P.A.
ONE S.E. 3RD AVENUE #2400
MIAMI FL 33131

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

Kyle H. Martell

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

(NOTE: Registered Agent signature required when reinstating)

\$11.00

D/E

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 ☐ Delete
NAME D
STREET ADDRESS MARTELL, KYLE H
CITY-ST-ZIP 848 BRICKELL AVENUE #920
MIAMI FL 33131

TITLE ☐ Delete
NAME D
STREET ADDRESS MARTELL, IVAN L
CITY-ST-ZIP 848 BRICKELL AVENUE #920
MIAMI FL 33131

TITLE ☐ Delete
NAME D
STREET ADDRESS LOW, MADELINE
CITY-ST-ZIP 6860 SW 102 STREET
MIAMI FL 33156

TITLE ☐ Delete
NAME D
STREET ADDRESS LOW, ARTHUR
CITY-ST-ZIP 6860 SW 102 STREET
MIAMI FL 33156

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

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
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #