

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90176 044 ***150.00

DOCUMENT # P99000013926

1. Entity Name

ART AFFAIRS, INC.

Principal Place of Business

Mailing Address

**8211 WEST BROWARD BOULEVARD
 SUITE 340
 PLANTATION FL 33324**

**8211 WEST BROWARD BOULEVARD
 SUITE 340
 PLANTATION FL 33324-2737**

2. Principal Place of Business

3. Mailing Address

11107 Des Moines Ct.

11107 Des Moines Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cooper City, FL.

City & State

Cooper City, FL.

Zip

Country

Zip

Country

33026

33026

4. FEI Number

15-0902843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

Name

BERKOWITS & Co. / Joe Berkowits

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

8211 W. Broward Blvd # 340

City

Plantation

FL

Zip Code 33324

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

JOE BERKOWITS

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

(NOTE: Registered Agent signature required when reinstating)

2/1/00

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
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
 NAME **DREW, LAURIE F**
 STREET ADDRESS **8211 WEST BROWARD BOULEVARD**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PSTD** ☒ Change ☐
 NAME **Drew, Laurie F.**
 STREET ADDRESS **11107 Des Moines Court**
 CITY-ST-ZIP **Cooper City FL 33026**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐
 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 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Laurie Drew

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-2000

Date

954 437-963

Daytime Phone #