

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013926

1. Entity Name
ART AFFAIRS, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90118 037 ***150.00

Principal Place of Business

11107 DESHOINES CT
COOPER CITY FL 33026

Mailing Address

11107 DESHOINES CT
COOPER CITY FL 33026

2. Principal Place of Business

3891 STIRLING RD.

Suite, Apt. #, etc.

7 W

3. Mailing Address

3891 STIRLING RD.

Suite, Apt. #, etc.

7 W

City & State

FT. LAUDERDALE FLA.

City & State

FT. LAUDERDALE FLA.

Zip

33312

Country

U.S.A

Zip

33312

Country

U.S.A

4. FEI Number

65-0902843

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
DREW, LAURIE F
11107 DESMANES CT
COOPER CITY FL 33026

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
MORRIS RICKEL
P.O. BOX 4420
HOLLYWOOD FLA. 33081

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ELEANOR S. RICKEL V.P.
P.O. BOX 4420
HOLLYWOOD FLA. 33081

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 #

CR2E034 (10/00)