

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000015493

1. Entity Name

ARTISTIC VISION, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90009 050 ***150.00

Principal Place of Business

2151 NW 125TH TERRACE
PEMBROKE PINES FL 33028

Mailing Address

2151 NW 125TH TERRACE
PEMBROKE PINES FL 33028-2558

2. Principal Place of Business

12251 TAFT STREET

Suite, Apt. #, etc.

303

3. Mailing Address

12251 TAFT ST

Suite, Apt. #, etc.

303

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

Zip

33026

Country

USA

Zip

33026

Country

USA

4. FEI Number

65-0899076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABELLO, EDGARDO
2151 NW 125TH TERRACE
PEMBROKE PINES FL 33028

7. Name and Address of New Registered Agent

Name ABELLO, EDGARDO

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

12251 TAFT ST # 303

City PEMBROKE PINES FL

Zip Code 33026

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

5/9/00

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 D ☐ Delete
NAME ABELLO, EDGARDO
STREET ADDRESS 2151 NW 125TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE D ☐ Delete
NAME ABELLO, FABIOLA
STREET ADDRESS 2151 NW 125TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #