

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033291

1. Entity Name

ART-AFRICA INC.

Principal Place of Business

Mailing Address

4691 N UNIVERSITY DR
SUITE 309
CORAL SPRINGS FL 33067

4691 N UNIVERSITY DR
SUITE 309
CORAL SPRINGS FL 33067-4620

2. Principal Place of Business

4630 N. UNIVERSITY DRIVE

3. Mailing Address

4630 N. UNIVERSITY DRIVE

Suite, Apt. #, etc.

PMB 309

Suite, Apt. #, etc.

PMB 309

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

Zip

33067

Country

USA

Zip

33067

Country

USA

6. Name and Address of Current Registered Agent

KURZBAN, KURZBAN, WEINGER & TETZELI, P.A.
2650 SW 27TH AVE 2ND FLOOR
MIAMI FL 33133

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
VAN SCHALKWYK, AREN
4691 N UNIVERSITY DR STE 309
CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition
4630 N. UNIVERSITY DRIVE PMB 309
CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ 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

(AREN VAN SCHALKWYK)

02-01-2000

Date

Daytime Phone #

(561) 438 6749

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90065 010 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**