

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052727

1. Entity Name

ART WORLD, INC.

FILED

Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90103 028 ***150.00

Principal Place of Business

Mailing Address

6901 WEST OKEECHOBEE BLVD. #D-5
PMB 129
WEST PALM BEACH FL 33411

6901 WEST OKEECHOBEE BLVD. #D-5
PMB 129
WEST PALM BEACH FL 33411-2513

2. Principal Place of Business

PMB 129

Suite, Apt. #, etc.

6901 West Okeechobee Blvd. #D-5

City & State

West Palm Beach, FL

Zip

33411

Country

USA

3. Mailing Address

PMB 129

Suite, Apt. #, etc.

6901 West Okeechobee Blvd. #D-5

City & State

West Palm Beach, FL

Zip

33411

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0924645

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

DAWSON, SILVESTER
6901 W. OKEECHOBEE BLVD.
D-5, PMB 129
WEST PALM BEACH FL 33411

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ *
NAME **P Silvester Dawson**
STREET ADDRESS **102 Waterway Rd**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

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

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

TITLE ☐ Change ☐ *
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TITLE ☐ Change ☐ *
NAME
STREET ADDRESS
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Silvester Dawson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-22-2000 (561) 795-1086

Date

Daytime Phone #