2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000058271 DOCUMENT

I. Entity Name
MAGINATION PICTURE FRAME & ART, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90254 036 ***150.00

MAGINATION PICTORE FRANCE & ART, INC.										
Principal Place of Business 1528 ALTON ROAD MIAMI BEACH FL 33139		Mailing Address 1528 ALTON ROAD MIAMI BEACH FL 33139		-	۲ محمود الله (۱ محمود الله (الله (۱ محمود الله (۱ محمود الله (۱ محمود الله (۱ محمود الله		R 1884 1118 (1118	126 146 11 6		
			_		_]					
2. Principal Place of Business		3. Mailing Address				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. F	FEI Number 65-0930985 Applied For Not Applied					
Zip Country		Zip Coun		try		Certificate of Status Desired		8.75 Add	itional	
—·r			<u>ا</u> ــــــــــــــــــــــــــــــــــــ			lame and Address of New Reg		ee Required	<u> </u>	
	6. Name and Address of Current	Registered Agent		Name		talle and Address of New 1.55				
ROJAS, ARTURO 1528 ALTON ROAD				Street Addres	s (P.O. B	ox Number is Not Acceptable)	<u>, </u>			
	IN HUAD CH FL 33139			 				•		
MIAMI DEA	OH FL 33139			City			FL	Zip Code	•	
8. The above	named entity submits this statement fo	or the purpose of changing i	its register	ed office or regis	stered age	ent, or both, in the State of Florid	la. I am fa	miliar with,	and accept	
the obligation	ons of registered agent.									ĺ
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registere	nd Agent signature requ	uired when re	einstating)	DATE			
	LE NOW!!! FEE IS \$150.00					a Shuttar Compaign Finan	noina	&E 0	0 May Be	
V. After	May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State				S. Election Campaign Finar Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND		11.		ΑC	DITIONS/CHANGES TO OFFIC	ERS AND			1
TITLE	PVST	☐ Delete	TITL	. 1				Change	Addition .	0/0
	ROJAS, ARTURO	クロー・ 。 **** *** **************************		AE		person division of	•	•		¥ 2
STREET ADDRESS CITY-ST-ZIP	MIAMI BEACH FL 33139			Y-ST-ZIP						CR2E034 (10/02)
TITLE	D	☐ Delete	TITL					☐ Change	Addition	8
NAME	ROJAS, ARTURO		NAN STR	ME BEET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	1528 ALTON ROAD MIAMI BEACH FL 33139			Y-ST-ZIP						
TITLE		☐ Delete	TITE	LE			-	Change	☐ Addition	
NAME			NA	ME REET ADDRESS	•					
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP]
TITLE		Delete	TIT	LE				☐ Change	☐ Addition	
NAME	•		NA	I						
STREET ADDRESS				REET ADDRESS Y-ST-ZIP				•		
CITY-ST-ZIP		Delete	TIT				_	☐ Change	Addition	1
TITLE NAME			NAI	ме						
-STREET ADDRESS				REET ADDRESS TY-ST-ZIP						
CITY-ST-ZIP		□ Nalet	-111					☐ Change	Addition	1
TITLE NAME		☐ Delete		ME						
STREET ADDRESS				REET ADDRESS						- -
CITY-ST-ZIP	<u>L </u>			ry-ST-ZIP	in Section	119 07(3)(i) Florida Statutes, I	further cer	tify that the	information	1

12. I hereby certify that the information supplied with this filing does not fualify 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 10 or Block 11 if changed, or on an attachment with an abdress, with all other like erpsowered.

SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR