💓 🕳 i 🖼 2001\_UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P990000 78466 -01 MAY 30 PH 4: 13 FRAME DEPOT INC. SECHETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business 7409 NW SYSTARPS 7409 NW54 st MIAMI FL 33166 MIAMI FL 33166 3. Malling Address 7409 NWS43 2. Principal Place of Business
4 410 WEST 16 AVQ Suite, Apt. #, etc. # 13 Suite, Apt. #, etc. City & State MIAMS HIALEAH Zip 33012 Zip 33166 Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SANTANA, FRANCIS Street Address (P.O. Box Number is Not Acceptable) 18 W. FLAGLER ST #400 MIAMI FL 33130 City Zip Code FI 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 FILE NOWIT 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1: 2001. Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) e Check Payable to Department of G OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE TITLE ☐ Change MORO NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP -06/19/01-01/061 01/2 me ☐ Delete TITLE NUME NUE a distriction of the ∴ ∷∷\*\*\*\*150.00 ...\*\*\*\*150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition HALF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete NAME HALF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta mre ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplied entail report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver for 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 attachmen an address, with all other like empowered.

TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytima Strone B

2000

## ART & FRAME DEPOT INC. 7409 N.W. 54 STREET MIAMI.FL 33166

April 30,2001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

Reference: Annual Report# P99000078466

## Gentlemen:

We submitted in year 2000 our annual report. It was returned to us with missing information which we filled out and returned to you. In the meantime the check was kept by you and cashed(see copy attached and related correspondence).

We NEVER received back notification that you had actually received the report. Your records does show the corporation administrately dissolved on September 22, 2000.

In 2001, we have NOT received a renewal form. Following the instructions from your office we are enclosing a renewal form for 2001 obtained thru your web site with our check to renew the corporate fee for 2001.

Please correct the 2000 year issue. Note that the address is Miami and not Miami Beach.

Sincerely yours,

Carles R. Moro

President

Enclosures