

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90005 012 \*\*\*150.00

**DOCUMENT # P99000078801**

1. Entity Name

**ARTWORK PAINTING, INC.**

Principal Place of Business

3344 N.E. 32ND STREET  
 FT. LAUDERDALE FL 33308

Mailing Address

3344 N.E. 32ND STREET  
 FT. LAUDERDALE FL 33308-7104

2. Principal Place of Business

3344 NE 32nd St

Suite, Apt. #, etc.

3. Mailing Address

3344 NE 32nd St

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. FEI Number

65-0947357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**BRILL, THEODORE F**  
 8211 WEST BROWARD BLVD.  
 SUITE 360  
 PLANTATION FL 33324-2737

7. Name and Address of New Registered Agent

Name **Richard H. Simon**

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

3344 NE 32nd St.

City **Ft. Lauderdale**

**FL**

Zip Code **33308**

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)

6/13/00

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 **President** ☐ Delete

NAME **Richard H. Simon**  
 STREET ADDRESS **2511 NW 98th Terrace**  
 CITY-ST-ZIP **Coral Springs FL**

TITLE **VP** ☐ Delete

NAME **Scott Lasky**  
 STREET ADDRESS **1179 NW 114th Ave**  
 CITY-ST-ZIP **Coral Springs FL 33071**

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

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

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)(f), 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 REQUIRED**

5/8/00

Date

954-566-3100

Daytime Phone #

CR2E034 (9/99)