2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

DOCUMENT # P99000078801 Mar 12, 2001 8:00 am **Secretary of State** ARTWORK PAINTING, INC. 03-12-2001 90447 017 ***150.00 Principal Place of Business Mailing Address 3344 N.E. 32ND STREET 3344 N.E. 32ND-STREET FT. LAUDEBBALE FL 33308 ft. Lauderdale fl 33308 2. Principal Place of Business 3. Mailing Address 3331 NE 3331 NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0947357 Applied For Lauderdale Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3308 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMON, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 3344 NE 32ND ST FORT LAUDERDALE_EL 33308 8. The above named entity submit purpose of changing its registered office or registered agent, or both, in the State of Florida. his statement SIGNATURE Signature, typed or pri and title if applicable FILE NOW!!! FEE IS \$150.00 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition SIMON, RICHARD H NAME NAME 2511 NW 98TH TERRACE STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LASKY, SCOTT NAME NAME 1179 NW 114TH AVE STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP pplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information tal 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 ustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information su indicated on this report or supplemental report is to of the corporation or the receiver or frustee empgy.

ther like empowered.

khard Simon 3-5-01