

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90004 042 ***150.00

DOCUMENT # P99000079269

1. Entity Name

ART & MODERN LIVING CORPORATION

Principal Place of Business

**3269 ALLAMANDA STREET
COCONUT GROVE FL 33133**

Mailing Address

**3269 ALLAMANDA STREET
COCONUT GROVE FL 33133**

2. Principal Place of Business

2520 SW 22nd Ter.

Suite, Apt. #, etc.

2-176

City & State

Miami, FL

Zip

33145

Country

3. Mailing Address

2520 SW 22nd Ter.

Suite, Apt. #, etc.

2-176

City & State

Miami, FL

Zip

33145

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0947813**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, MERCEDES
3269 ALLAMANDA STREET
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name

WILLIAMS, MERCEDES

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

2520 SW 22nd Ter.

Suite 2-176

City

Miami

FL

Zip Code

33145

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, 2001 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 **PS** ☐ Delete
NAME **WILLIAMS, MERCEDES**
STREET ADDRESS **3269 ALLAMANDA STREET**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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 **PS** ☐ Change ☐ Addition
NAME **WILLIAMS MERCEDES**
STREET ADDRESS **2520 SW 22nd Ter. Suite 2-176**
CITY-ST-ZIP **Miami, FL, 33145**

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

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

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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)(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

W. Williams Mercedes Williams

Feb/22/2001

305-720-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)