

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088272

1. Entity Name

ART TO WEAR, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90053 007 ***150.00

Principal Place of Business

Mailing Address

12 EAST DAVIE BLVD.
FORT LAUDERDALE FL 33316

12 EAST DAVIE BLVD.
FORT LAUDERDALE FL 33316-1812

2. Principal Place of Business
700 BRYAN PLACE

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
FT LAUDERDALE, FL.

City & State

4. FEI Number
65-0952667

Applied For
Not Applicable

Zip
33312

Country
BROWARD

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALICK, CINDY
12 EAST DAVIE BLVD.
FORT LAUDERDALE FL 33316

Name
OTHEL--TURNER--&CO.
Street Address (P.O. Box Number is Not Acceptable)
5787 WEST SUNRISE BLVD

City FT LAUDERDALE FL Zip Code
33313

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GOLDENBERG, STEPHEN F
ONE FINANCIAL PLAZA, SUITE 2626
FORT LAUDERDALE FL 33394 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
CINDY WALICK
700 BRYAN PLACE
FT LAUDERDALE, FL. 33312 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)