

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 02, 2000 8:00 am**
Secretary of State

03-02-2000 90129 046 ***150.00

DOCUMENT # P99000091524

1. Entity Name

OBJETOS DE ARTE, CORP.

Principal Place of Business

Mailing Address

400 KEENAN AVENUE
FT. MYERS FL 33919490 KEENAN AVENUE
FT. MYERS FL 33919-3120

C0023655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FT. MYERS FL.

4. FEI Number

65-0954646

Applied For

Not Applicable

Zip

Country

Zip

Country

33919 U.S.A.

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

DESBAILLET, ANETTE
879-B MIRAMAR ST.
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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 State10. 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 PSD ☐ Delete
NAME BIZUKA, JOHN M
STREET ADDRESS 490 KEENAN AVENUE
CITY-ST-ZIP FT. MYERS FL 33919TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VTD ☐ Delete
NAME GLENN, MARY
STREET ADDRESS 490 KEENAN AVENUE
CITY-ST-ZIP FT. MYERS FL 33919TITLE VTD ☒ Change ☐ Addition
NAME GLENN-BIZUKA, MARY
STREET ADDRESS 490 KEENAN AVE.
CITY-ST-ZIP FT. MYERS FL. 33919TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mary Glenn Bizuka (MARY GLENN-BIZUKA) 02/24/00 941-481-6836

CR2E034 (9/99)