

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 027 ***150.00

DOCUMENT # **799000/05069**

1. Entity Name

Art & Architecture Design, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

ART & ARCHITECTURE DESIGN

Suite, Apt. #, etc.

3. Mailing Address

8 NOSTRAND STREET 2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FARMINGDALE

City & State

N.Y.

4. FEI Number

65-0974178

Applied For

Not Applicable

Zip

11735

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ART & ARCHITECTURE DESIGN LEONOR AMELIA SILVA

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

155 South West

12 Street Apt. 8

City

Miami

FL

Zip Code

33130

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

LEONOR AMELIA SILVA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

April 28 / 02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**LEONOR A. SILVA - PRESIDENT
8 NOSTRAND STREET 2
FARMINGDALE, NY 11735**

TITLE
NAME
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

LEONOR AMELIA SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/02

Daytime Phone #

CR2E034B (12/01)