

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S08347

FILED  
Feb 05, 2003  
Secretary of State

Entity Name: ARTFUL DESIGNS, INC.

**Current Principal Place of Business:**

9510 SW 54 CT  
MIAMI, FL 33156

**New Principal Place of Business:**

5445 KERWOOD OAKS DRIVE  
CORAL GABLES, FL 33156

**Current Mailing Address:**

9510 SW 54 CT  
MIAMI, FL 33156

**New Mailing Address:**

5445 KERWOOD OAKS DRIVE  
CORAL GABLES, FL 33156

FEI Number: 65-0268449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, RAYMOND L  
1501 VENERA AVE., SUITE 300  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MIRANDA, AUDREY A  
Address: 13033 S.W. 63RD CT.  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MIRANDA, AUDREY A  
Address: 5445 KERWOOD OAKS DRIVE  
City-St-Zip: CORAL GABLES, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY MIRANDA

PRES

02/05/2003

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date