

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

FILED

02 JUL 31 AM 10:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 540362

1. Entity Name

Art Originals, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2021 SW 70th AVE

3. Mailing Address

Suite, Apt. #, etc.

BLDG C-7

Suite, Apt. #, etc.

- SAME -

City & State

DAVIE, FL.

City & State

4. FEI Number

65-0295928

Applied For

Not Applicable

Zip

33317

Country USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOHN BANU

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

501 GETTYSBURG TERR

City PLANTATION

FL

Zip Code 33325

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) ☐

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 DAN MITRA CORNEL  
NAME 1125 MIAMI GARDENS  
STREET ADDRESS MIAMI, FL 33179  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

200006972662--6  
-08/08/02--01038--011  
\*\*\*\*150.00 \*\*\*\*150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

July 15/02

This cdk was sendd to you on April/02  
I was not aware that was returned to me  
until this month when I come back to Florida  
from Europe. Please accept my payment  
without penalty.

Dear Love,