

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # S87814

1. Entity Name

ART Form Collection INC.

FILED

01 OCT 12 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

c/o Armando J. Porto
14565 NW 26th Ave.
Opa Locka, FL 33054

2. Principal Place of Business

3. Mailing Address

14565 NW 26th Ave.

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Opa Locka, FL

4. FEI Number

Applied For

Zip

Country

Zip

Country

33054

USA

65-0456531

Not Applicable

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

Armando J. Porto
14565 NW 26th Ave.
Opa Locka, FL 33054

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

Armando Porto

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

(NOTE: Registered Agent signature required when reinstating)

10/08/01

DATE

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

☐

FILE MONTHLY FEE IS \$150.00

After MAY 1, 2001, Fee will be \$550.00

File 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	PBT Armando J. Porto 14565 NW 26th Ave. Opa Locka, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004661275-5 -10/31/01--01059--009 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Armando Porto

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/01

Date

(305) 681-8568

Daytime Phone #

CR2034 (11/00)

292

**ART FORM COLLECTION INC.
14565 NW 26TH AVENUE
OPA LOCKA, FL 33054-2700
(305) 681-8568**

October 08, 2001

Florida Department Of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: REINSTATEMENT OF CORPORATION, FEDERAL ID# 65-0456531

Dear Sir/Madam,

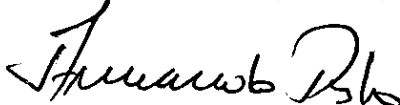
It has come to our attention that the 2001 Uniform Business Report was not filed and the Corporation has been dissolved. We never received the report to complete and mail back. We had a fire and our operations were interrupted. Much of our mail was never received during that time. I have since spoken with your office and was informed that I can download through the Internet, which I have done.

I am sending a check for the amount of \$150.00 and a completed 2001 Uniform Business Report. I am extremely hopeful that you can waive penalties assessed for late filing and reinstatement. Please verify that the address for mailing is correct so this problem does not arise again. Your cooperation and understanding is greatly appreciated.

Thanking you in advance.

Respectfully,

ART FORM COLLECTION INC.



Armando J. Porto
President