

2001 UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # S87814
1. Entity Name
 ART Form Collection INC.

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business c/o Armando J. Porto
 14565 NW 26th Ave.
 Opa Locka, FL 33054
Mailing Address same

2. Principal Place of Business 14565 NW 26th Ave.
 Suite, Apt. #, etc.
3. Mailing Address same
 Suite, Apt. #, etc.

Handwritten initials

DO NOT WRITE IN THIS SPACE

City & State Opa Locka, FL
Zip 33054
Country USA

4. FEI Number 65-0456531
Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Armando J. Porto
 14565 NW 26th Ave.
 Opa Locka, FL 33054

7. Name and Address of New Registered Agent
 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* **DATE** 10/08/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE MONTHLY FEES IS \$150.00
 After MAY 31, 2001, Fee will be \$350.00
 Use 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	Armando J. Porto <input type="checkbox"/> Delete
STREET ADDRESS	14565 NW 26th Ave.
CITY-ST-ZIP	Opa Locka, FL 33054
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E034 (11/00)

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* **DATE** 10/08/01 **Daytime Phone #** (305) 681-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

**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