

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90055 042 \*\*\*150.00

**DOCUMENT # S87814**

1. Entity Name  
**ART FORM COLLECTION, INC.**

Principal Place of Business  
**C/O ARMANDO J. PORTO**  
**14565 N.W. 26TH AVENUE**  
**OPA LOCKA FL 33054**

Mailing Address  
**C/O ARMANDO J. PORTO**  
**14565 N.W. 26TH AVENUE**  
**OPA LOCKA FL 33054**

951510



2. Principal Place of Business  
**SAME**  
 Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0456531**

Applied For  
 Not Applicable

Zip Country

Zip Country

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**

**PORTO, ARMANDO J**  
**14565 N.W. 26TH AVENUE**  
**OPA LOCKA FL 33054**

Name **SAME**  
 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.

**ARMANDO J. Porto / Pres.**

**4/15/02**  
 DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>PORTO, ARMANDO J</b> <b>14565 N.W. 26TH AVENUE</b> <b>OPA LOCKA FL 33054</b>	<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	<b>DIR</b> <b>Phillip Feinstein</b> <b>14565 NW 26th Avenue</b> <b>Opa Locka, FL 33054</b>	<input type="checkbox"/> Change <input checked="" 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
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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* **ARMANDO J. Porto / Pres.** 4/15/02 (305) 681-8568  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

4-00/01/01 AY CR2E034 (9/01)