

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14353

1. Entity Name

ATELIER D'ART & ASSOCIATES, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90070 036 ***150.00

Principal Place of Business P.O. BOX 114227 MIAMI FL 33111 US	Mailing Address P.O. BOX 114227 MIAMI FL 33111-4227 US
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2. Principal Place of Business P.O. Box 114227 Suite, Apt. #, etc. 1	3. Mailing Address 303 E. 57 Street Suite, Apt. #, etc. Unit 20-B
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City & State Miami, FL	City & State New York, NY	4. FEI Number 65-0316345	Applied For <input type="checkbox"/> Not Applicable
Zip 33111-4227	Country USA	Zip 10022	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SANDERS, JOEL D CPA, PA 1625 N. COMMERCE PARKWAY SUITE 225 WESTON FL 33326	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINHAKI, RAQUEL 999 BRICKELL BAY DRIVE, #1503 MIAMI FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHESTER Raquel 303 EAST 57 ST., UNIT 20-B New York, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<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		<input type="checkbox"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raquel Martinhaki / RAQUEL MARTINHAKI 03-5-00 212-758187