

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90018 024 ***150.00

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DOCUMENT # V14353

1. Entity Name

ATELIER D'ART & ASSOCIATES, INC.

Principal Place of Business

P.O. BOX 114227
MIAMI FL 33111
US

Mailing Address

303 E. 57 STREET
UNIT 20-B
NEW YORK NY 10022
US

526478



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4779 Collins Ave

3. Mailing Address

same

Suite, Apt. #, etc.

2407

Suite, Apt. #, etc.

City & State

Miami Beach - FL

City & State

N.Y.C.

Zip

33140

Country

USA

Zip

10022

Country

USA

4. FEI Number **65-0316345**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, JOEL D CPA,PA
1625 N. COMMERCE PARKWAY
SUITE 225
WESTON FL 33328

7. Name and Address of New Registered Agent

Name

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

1535 N. Park Drive, Suite 103

City

Weston

FL

Zip Code

33326

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

4-9-01

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, 2001 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

TITLE **P** ☐ Delete
NAME **CHESTER, RAQUEL**
STREET ADDRESS **303 EAST 57 ST. UNIT 20-B**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

4-9-01

Date

212 7582416

Daytime Phone #

CR2E034 (10/00)