

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V26407

1. Entity Name

ITAI ART E CO.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90048 026 ***150.00

Principal Place of Business

Mailing Address

2490 NE MIAMI GDNS DR.
N. MIAMI BEACH FL 33180

2470 NE MIAMI GARDENS DR
N. MIAMI BEACH FL 33180-2705
US

2. Principal Place of Business

3345 SHERIDAN ST

3. Mailing Address

3345 SHERIDAN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

4. FEI Number

65-0384132

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

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

MENAHM, DAVID
2470 NE MIAMI GARDENS DRIVE
N. MIAMI BEACH FL 33180

Name

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

3345 SHERIDAN ST

City

HOLLYWOOD

FL

Zip Code

33021

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)

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS MENAHM, DAVID
CITY-ST-ZIP 2470 NE MIAMI GARDENS DRIVE
N. MIAMI BCH. FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3345 SHERIDAN ST
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-2000

954-893-5888

CR2E034 (9/99)