

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-11-2001 90092 030 ****61.25

DOCUMENT # 723743

1. Entity Name
LAS DAMAS DE ARTE, INC.

Principal Place of Business P.O. BOX 14212 TAMPA FL 33690 US	Mailing Address P.O. BOX 14212 TAMPA FL 33690 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number **59-3182355** Applied For
 Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SILVERMAN, SCOTT T
201 EAST KENNEDY BOULEVARD
SUITE 850
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **Scott T. Silverman**
 Street Address (P.O. Box Number is Not Acceptable)
201 E. Kennedy Blvd.
Suite 800
 City **Tampa** FL Zip Code **33602**

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 *Scott Silverman* DATE 4/09/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME VPD GAYNOR, CAROL A STREET ADDRESS 4141 BAYSHORE BOULEVARD, SUITE 801 CITY-ST-ZIP TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME VPD HUBBELL, BEVERLY STREET ADDRESS 2608 WO TYSON AVE CITY-ST-ZIP TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME RSD HUSTON, SANDRA STREET ADDRESS 3110 WEST WALLCRAFT AVENUE CITY-ST-ZIP TAMPA FL 33611	<input type="checkbox"/> Delete
TITLE NAME CSD MILLER, FLORENCE STREET ADDRESS 901 S. WILLOW AVENUE CITY-ST-ZIP TAMPA FL 33606	<input type="checkbox"/> Delete
TITLE NAME TD SELITTO, JACQUELINE STREET ADDRESS 751 - 39TH AVENUE NORTH CITY-ST-ZIP ST. PETERSBURG FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME Rena Jacobson STREET ADDRESS 4202 Sylvan Ramble St CITY-ST-ZIP Tampa Fla.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Kimberli Bronson STREET ADDRESS 513 N. Beverly VPD CITY-ST-ZIP Tampa, Fl. 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Treasurer TD Mary Dietz STREET ADDRESS 3017 W Euclid CITY-ST-ZIP Tampa Fl 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Recording Sec'y Jacqueline Selitto RSD STREET ADDRESS 751 39th Ave N CITY-ST-ZIP St. Petersburg 33703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME Corresponding Sec'y Jane Koch STREET ADDRESS 4908 Andrews CITY-ST-ZIP Tampa Fl. 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 of 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rena Jacobson* DATE 3/14/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)