

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90045 023 ****61.25

DOCUMENT # N29012

1. Entity Name

MIAMI ART CLUB, INC.

Principal Place of Business

8740 SW 8 STREET
 MIAMI FL 33174
 US

Mailing Address

~~C/O GUILLERMO ARRIUZA
 421 AURELIA AVENUE
 CORAL GABLES FL 33146-3501
 US~~

*PLEASE
 PLEASE
 DELETE NO
 MAILING AD.*



2. Principal Place of Business

3. Mailing Address

8740 S.W. 8 ST.
 Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
 Miami, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip
 33174

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

DE LA PORTILLA, MIRIAM
 3600 S.W. 26 STREET
 MIAMI FL 33133

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	LUAICES, CESAR	9703 HAMMOCK BLVD 113	MIAMI FL	<input type="checkbox"/>
T	SANCHEZ, RODOLFO R	8260 S.W. 41 TERRACE	MIAMI FL	<input type="checkbox"/>
P	DE LA PORTILLA, MIRIAM	8740 S.W. 8TH ST.	MIAMI FL	<input type="checkbox"/>
D	MUNOZ, FRANK A	10852 N. KENDALL DR, 315	MIAMI FL 33176	<input checked="" type="checkbox"/>
D	MILIAN, LORRAINE	8740 SW 8TH STREET	MIAMI FL 33174	<input type="checkbox"/>
V	ARCA, ROSINA	8740 S.W. 8TH ST.	MIAMI FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
		8100 S.W. 89 Terrace	MIAMI, FL 33156	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	ALVAREZ, JOSE E.	2660 S.W. 37 Ave. #405	MIAMI, FL 33133	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 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:

R. R. Sanchez (Treasurer)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00
 Date

(305) 227-4794
 Daytime Phone #

CR2E037 (9/99)