

DOCUMENT # N46027

1. Entity Name

ARTE Y GENTE/PEOPLE AND ART, INC.

FILED
Mar 25, 2000 8:00 am
Secretary of State

03-25-2000 90016 033 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

227 S CALHOUN STREET
TALLAHASSEE FL 32301

227 S CALHOUN STREET
TALLAHASSEE FL 32301-1805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6972152

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AUSLEY, MARGARET B
227 S CALHOUN STREET
TALLAHASSEE FL 32301

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	PD	<input type="checkbox"/> Delete
NAME	NUNEZ, KATHERINE H	
STREET ADDRESS	4755 MARSH HAMMOCK DR E	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NUNEZ, VICTOR	
STREET ADDRESS	227 WESTMINISTER DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BINGHAM, MARIA S	
STREET ADDRESS	1208 ERIE LANE	
CITY-ST-ZIP	ELIZABETH TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERNST, GISELA	
STREET ADDRESS	1120 NW STATE #51	
CITY-ST-ZIP	PULLMAN WA	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSLEY, MARGARET B.	
STREET ADDRESS	227 S CALHOUN STREET	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODIE, DEB	
STREET ADDRESS	P.O. BOX 892 N/A	
CITY-ST-ZIP	NEWLAND NC	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/00

Date

850-425-5491

Daytime Phone #

CR2E037 (9/99)