

FILED

03 MAY 13 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P0000049024**

1. Entry Name  
**CONSUELO'S PORCELAIN ART, INC.**

Principal Place of Business: 9300 SW 62 ST, MIAMI, FL 33173-2304  
Mailing Address: 9300 SW 62 ST, MIAMI, FL 33173-2304

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **85-1017562** Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **BARBEITO, VIRIDIAN C, 9300 SW 62 ST, MIAMI, FL 33173-2304**

7. Name and Address of New Registered Agent: 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's Signature Required when substituting) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
AFTER MAY 1, 2003 FEE WILL BE \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: PEREZ, CONSUELO STREET ADDRESS: 9300 SW 62 ST CITY-ST-ZIP: MIAMI, FL 331732304	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: BARBEITO, VIRIDIAN C STREET ADDRESS: 9300 SW 62 ST CITY-ST-ZIP: MIAMI, FL 331732304	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ACUNA, JOSE F STREET ADDRESS: 9300 SW 62 ST CITY-ST-ZIP: MIAMI, FL 331732304	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other name empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/15/03** DAYTIME PHONE: \_\_\_\_\_



CHECK HERE IF MAKING CHANGES

CORP0034 (10/02)

158.75

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