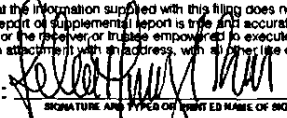


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90095 040 ***150.00

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

70052060

DOCUMENT # P02000100567			
1. Entity Name TIERRA ART & DESIGN, INC.			
Principal Place of Business 1348 DREXEL AVENUE #9 MIAMI BEACH, FL 33139		Mailing Address 1348 DREXEL AVENUE #9 MIAMI BEACH, FL 33139	
2. Principal Place of Business 1300 COLLINS AVE Suite, Apt. #, etc. 705		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State MIAMI BEACH, FL 33139		City & State	
Zip 33139	Country MIAMI-DADE	Zip	Country
4. FEI Number 58-2293073		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SAMUT, GABRIELA I 1348 DREXEL AVENUE #9 MIAMI BEACH, FL 33139		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 Signature, typed or printed name of registered agent and wife if applicable.		DATE (NOTE: Registered Agent Signature required when changing)	
FILE NOW!!! FEE IS \$150.00 After May 17, 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 NAME STREET ADDRESS CITY-ST-ZIP	D SAMUT, GABRIELA I 1348 DREXEL AVENUE #9 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, LILIANA M 19196 NE 36TH CT AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 address, with all other life empowered.			
SIGNATURE: 		04-09-03. (305) 6747992	
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR		Date	

CH2E034 (10/02)