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	Mailing Address
~~1348 DREXEL AVENUE #9~~ ~~MIAMI BEACH, FL 33139~~	~~1348 DREXEL AVENUE #9~~ ~~MIAMI BEACH, FL 33139~~

2. Principal Place of Business	3. Mailing Address
1300 COLLINS Ave	SAME
Suite, Apt. #, etc. 705	Suite, Apt. #, etc.
City & State MIAMI BEACH FL 33139	City & State
Zip 33139	Country MIAMI-DADE
Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 56-2293073 ☐ Applied For ☐ Not Applicable

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
SAMUT, GABRIELA I 1348 DREXEL AVENUE #9 MIAMI BEACH, FL 33139	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAMUT, GABRIELA I 1349 DREXEL AVENUE #9 MIAMI BEACH, FL 33139	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GONZALEZ, LILIANA M 19195 NE 36TH CT AVENTURA, FL 33180	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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 address, with all other like empowered.

SIGNATURE: [signature] MAMI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-03. (305)6747992
Date Daytime Phone #