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# FILED
**May 05, 2003 8:00 am**
**Secretary of State**
05-05-2003 91888 047 ***150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000134794

1. Entity Name

ART INSTITUTE OF WESTON, INC.

**DO NOT WRITE IN THIS SPACE**

11040454

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| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2900 GLADES CIRCLE | SAME |
| Suite, Apt. #, etc. 1600 | Suite, Apt. #, etc. |
| City & State WESTON FLORIDA | City & State SAME |
| Zip 33327 Country BROWARD | Zip Country |

4. FEI Number 68-0543601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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**7. Name and Address of Current Registered Agent**

Name ILEANA ARIAS TOVAR

Street Address (P.O. Box Number is Not Acceptable)

1725 MAIN ST. SUITE 205

City WESTON FL Zip Code 33326

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DANIEL FIGUEROA / PRESIDENT<br>1140 GLENWOOD CT.<br>WESTON FL 33326 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ELIA PEREZ / TREASURE<br>1627 SUNSET VIEW CIR<br>OPOPKA FL 32703 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AILE YERO / SECRETARY<br>1627 SUNSET VIEW CIR<br>OPOPKA FL 32703 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V-PRESIDENT<br>ANA MARIA AGUERREVERE<br>440 CONSERVATION DR<br>WESTON FL 33327 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL FIGUEROA PRESIDENT 4/30/03 954-659-9050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #