

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49686

1. Entity Name

ICET ARTE MURANO, INC.

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90029 048 \*\*\*150.00

Principal Place of Business

11317 N.W. 59TH ST  
STE. #306  
MIAMI FL 33178  
US

Mailing Address

11317 N.W. 59TH ST  
STE. #306  
MIAMI FL 33178-2838  
US

600053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0291366

Applied For  
Not Applied

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

ABRAMSON, EDWARD J.  
7270 NW 12TH ST., #580  
AIRPORT EXECUTIVE TOWER 2  
MIAMI FL 33126

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

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

**FILE-NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME KUSTER, GUSTAVO A  
STREET ADDRESS 10065 NW 46TH ST. #306  
CITY-ST-ZIP MIAMI FL 33131 ☐ Delete

TITLE V  
NAME KUSTER, WILLY A.  
STREET ADDRESS 4TA AVENIDA DE LOS PALOS  
CITY-ST-ZIP CARACAS, VENEZUELA ☐ Delete

TITLE S  
NAME KUSTER, LINA N  
STREET ADDRESS 4TA AVENIDA DE LOS PALOS  
CITY-ST-ZIP CARACAS, VENEZUELA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐

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CITY-ST-ZIP ☐ Change ☐

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-06-2000

305-513 065

Date

Daytime Phone #