

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000090391

1. Entity Name

ART BIZ, INC.

**FILED**  
**Jun 09, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90014 016 \*\*\*150.00

Principal Place of Business

Mailing Address

6405 NW 36TH ST.  
SUITE 113  
MIAMI FL 33166  
US

6405 NW 36TH ST.  
SUITE 113  
MIAMI FL 33166-6977  
US

2. Principal Place of Business  
1521 ALTON ROAD

3. Mailing Address  
1521 ALTON ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#235

#235

City & State

City & State

MIAMI BEACH FL

MIAMI BEACH FL

Zip

Country

Zip

Country

33139

33139

4. FEI Number 65-0788625

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

GARZA, MARIA L  
12605 S.W. 91ST STREET  
#109  
MIAMI FL 33186

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 PST  
NAME GARZA, MARIA L  
STREET ADDRESS 12605 SW 91ST ST #109  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

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

TITLE V  
NAME OCHOA, ANA MARIA  
STREET ADDRESS 33A VENETIAN WAY APT. 52  
CITY-ST-ZIP MIAMI BCH FL 33139 ☐ Delete

TITLE V  
NAME OCHOA, ANA MARIA  
STREET ADDRESS 210 W.RIVO ALTO DR.  
CITY-ST-ZIP MIAMI BEACH FL 33139 ☒ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Maria L. Garza* MARIA L. GARZA PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)