2000 UNIFORM BUSINESS REPORT (UBR)

AMENDED

06-09-2000 90040 048 ****61.25

FILED P97000090391
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P97000090391

1. Entity Name

ART BIZ, INC. Amended

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1521 ALTON ROAD #235 MIAMI BEACH, FL. 33139	1521 ALTON ROAD #235 MIAMI BEACH, FL. 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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 ST. #109 MIAMI FL 33186	Name: OCHOA, ANA MARIA Street Address (P.O. Box Number is Not Acceptable): 210 W. RIVO ALTO DR. City: MIAMI BEACH FL Zip Code: 33139

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 X [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) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fees Will be $650.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PST GARZA, MARIA L 12605 SW 91st ST #109 MIAMI FL 33186	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OCHOA, ANA MARIA 210 W.RIVO ALTO DR. MIAMI BEACH, FL. 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST OCHOA, ANA MARIA 210 W. RIVO ALTO DR. MIAMI BEACH, FL. 33139	XX Change ☐ Addition
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CR2E034 (9/99)

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: X [signature] ANA MARIA OCHOA VP 5/31/00

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

6/12