


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 01, 2004 8:00 am
Secretary of State

03-18-2004 90028 010 ***150.00

DOCUMENT # 638897	
1. Entity Name TRI-ARTS STUDIO, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5732 MAIN ST.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State NEW PORT RICHEY FL	City & State
Zip 34652	Country PASCO

66409020

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-2176120		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name VICTOR M. RAMIREZ		
Street Address (P.O. Box Number is Not Acceptable)			
5523 DRINKARD DR.			
City NEW PORT RICHEY FL Zip Code 34653			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$61.25
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

TITLE PRESIDENT	NAME VICTOR M. RAMIREZ	TITLE	
STREET ADDRESS 5523 DRINKARD DR.		STREET ADDRESS	
CITY- ST- ZIP NEW PORT RICHEY FL 34653		CITY- ST- ZIP	
TITLE SEC/TREAS	NAME ROSALIA A. RAMIREZ	TITLE	
STREET ADDRESS 5523 DRINKARD DR.		STREET ADDRESS	
CITY- ST- ZIP NEW PORT RICHEY FL 34653		CITY- ST- ZIP	
TITLE	NAME	TITLE	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
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CITY- ST- ZIP		CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Victor M. Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2004

Date

727-849-9157

Daytime Phone #

CR2E034B (12/02)