## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 686402

1. Corporation Name

THE ART PLACE, INC.

## FILED Apr 14, 1999 8:00 am Secretary of State 04-14-1999 90065 010 \*\*\*150.00



	e of Business	Mailing Address						
9900 SW 140 S	τ	9900 SW 140 ST						
MIAMI FL 33176		MIAMI FL 33176				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	J OI AOL	
						09/03/1980		
9 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	An	plied For
ب	lace of business	2a. Mailing Address				59-2019875		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			_	_	\$8.75	
22	w, 660.	27 .				5. Certifcate of Status Desired	Fee Re	
City & Stat	e	City & State			-	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added 1	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year Ir	tangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered	l Agent	
			1	81 N	ame			1
KESHEN, NELSON C.			82 Street A		reet Addres	ss (P.O. Box Number is Not Acceptable)		
201 ALHAMBRA CIRCLE								
CORAL GABLES FL 33134				83				
			ļ,	84 C	ity	F	85 Zip	Code
4 Pursuant	to the provisions of Sections 607 050	2 and 607.1508. Florida Statute	s. the ab	ove-na	med corpo	ration submits this statement for the purpose of	f changing its	registered
* Luffice or r	edistered agent, or both, in the State.	of Florida, Such change was au	itnorizea	ov tne	corporation	n's board of directors. I hereby accept the appo	intment as re	gistered
1 agent. I a	m familiar with and accept the obliga	nions of, Section 607.0505, Fion		EAA	MAZA	now us 48MMAY		ł
SIGNATURE	Signature, types of printer name bilding there age	nt/and title if applicable. (NOTE:	Regilitered A	Agent sign	ature required	when reinstating) DATE_		-
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLÉ	PD	☐ DELETE	1,1 TITL	.E			☐ Change	☐ Addition
NAME	GARCIA, SANDRA		1.2 NAM	<b>Λ</b> E.				
STREET ADDRESS	9900 S.W. 140TH STREET		1.3 STR	REETADE	RESS			1
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-ZIP	.			
TITLE								
NAME		☐ DELETE	2.1 TITL				☐ Change	Addition
		☐ DELETE	2.1 TITL 2.2 NAM	Æ			Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.2 NAM	Æ			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.2 NAA 2.3 STR	Æ	RESS			
		☐ DELETE	2.2 NAA 2.3 STR	E ME REET ADD Y-ST-ZI	RESS		☐ Change	Addition
CITY-ST-ZIP			2.2 NAA 2.3 STR 2. 4 CIT	E ME REET ADD Y-ST-ZI	RESS	1		
CITY-ST-ZIP TITLE			2.2 NAM 2.3 STR 2. 4 CIT 3.1 TITL 3.2 NAM	E ME REET ADD Y-ST-ZI	RESS			
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.