

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

09-02-2002 90146 035 \*\*\*150.00

**DOCUMENT # 686402**

1. Entity Name  
**THE ART PLACE, INC.**

Principal Place of Business

9900 SW 140 ST  
 MIAMI FL 33176

Mailing Address

9900 SW 140 ST  
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2019875**

Applied For

Not Applicable

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

**KESHEN, NELSON C.**  
**201 ALHAMBRA CIRCLE**  
**CORAL GABLES FL 33134**

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. 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 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
**PD**  
**GARCIA, SANDRA**  
**9900 S.W. 140TH STREET**  
**MIAMI FL**

☐ Delete

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

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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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandra Garcia* 8/24/02 305 252-0160  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment

977464  
686402



SANDE GARCIA

PRIVATE AND CORPORATE ART CONSULTANT • DEALER IN FINE ART

THE ART PLACE, INC

8/24/02

Re Dept of State

Div of Corporations Re: DOCUMENT # 686402

Re: 2002 Uniform Business Report Due  
by Sept 13, 2002

I recently called your Dept to ask why the  
filing fee was now \$550. I was told a form was  
sent in January. I never received this form.  
or I assure you it would have been paid  
promptly. As you can see by previous years I have  
always paid on time

I would appreciate your understanding and I  
clarified the situation. I have enclosed  
the regular fee of \$150.00 & would greatly  
appreciate your acceptance of this fee as in the  
past many years.

Thank you for your help.

Sande Garcia

BY APPOINTMENT ONLY

9900 S.W. 140 STREET, MIAMI, FLORIDA 33176 • PHONE 305-252-0160

FAX 305-252-0169