

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 28 PM 1:22

DOCUMENT # 745855

1. Entity Name

One Art, Inc.

Principal Place of Business

Mailing Address

1 NE 40 Street
Miami, FL 33137

One Art, Inc.
P.O. Box 8555
Miami, FL. 33255

100004627781--9
-10/09/01--01006--020
*****70.00 *****70.00

2. Principal Place of Business

3. Mailing Address

1 NE 40 ST

One Art, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. Box 8555

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL 33137

City & State
Miami, FL 33255

4. FEI Number
591982793

Applied For
Not Applicable

Zip
33137

Country
Dade

Zip
33255

Country
Dade

5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Jose Martin
10900 SW 72 ST #32
Miami, FL 33173

Name
Jose Martin

Street Address (P.O. Box Number is Not Acceptable)

10900 SW 72 ST #32

City
Miami **FL** Zip Code
33173

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

Jose Martin

8/27/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Walters Mark 1540 San Remo Ave. #11 Coral Gables FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Orlando Barranco 525 Meridian Ave #303 Miami Beach FL 33139	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Etheart Pascal 20 NE 39 ST Miami FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jose Martin 10900 SW 72 ST #32 Miami FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Georgia Guerra 401 SW 40 ST Miami FL 33134	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fedo Boyer 20 NE 39 ST Miami, FL 33137	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Martha Salazar 13240 SW 43 ST Miami, FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fernando Fernandez Jr. 2503 SW 138 Court Miami FL 33175	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ramiro Jaramillo 31 NW 36 ST Miami, FL 33127	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patricia Baker 1 NE 40 ST Miami, FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brian Smith 4421 SW 75 Ave. Miami, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOSE MARTIN Jose S. Martin* 8/27/01 305-576-6565

CR2E037 (5/01)

SP