

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**  
 05-20-2002 90052 015 \*\*\*\*70.00

**DOCUMENT # 745855**

1. Entity Name

**ONE ART, INC.**

Principal Place of Business

**1 N.E. 40TH ST  
 MIAMI FL 33137  
 US**

Mailing Address

**P.O. BOX 8555  
 MIAMI FL 33255  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1982793**

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

**MARTIN, JOSE  
 10900 S.W. 72ND ST., #32  
 MIAMI FL 33173**

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.

SIGNATURE **JOSE MARTIN - FOUNDER DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/25/02**

**FILE NOW: FEE IS \$61.25**

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 **P** ☒ Delete  
 NAME **SALAZAR, MARTHA**  
 STREET ADDRESS **13240 S.W. 43RD ST**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **P** ☐ Change ☒ Addition  
 NAME **ORLANDO BARRANCO**  
 STREET ADDRESS **525 MERIDIAN AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **T** ☐ Delete  
 NAME **FERNANDEZ, FERNANDO JR**  
 STREET ADDRESS **2503 S.W. 138TH COURT**  
 CITY-ST-ZIP **MIAMI FL 33175**

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

TITLE **S** ☒ Delete  
 NAME **JARAMILLO, RAMIRO**  
 STREET ADDRESS **31 N.W. 36TH ST**  
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **S** ☐ Change ☒ Addition  
 NAME **RODRIGO GUILLEN**  
 STREET ADDRESS **3909 SW 109 AVE #A8**  
 CITY-ST-ZIP **MIAMI, FL 33165**

TITLE **D** ☐ Delete  
 NAME **MARTIN, JOSE**  
 STREET ADDRESS **10900 S.W. 72ND ST., #32**  
 CITY-ST-ZIP **MIAMI FL 33173**

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

TITLE **D** ☒ Delete  
 NAME **BAKER, PATRICIA**  
 STREET ADDRESS **1 N.E. 40TH ST**  
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Change ☒ Addition  
 NAME **DORA CARRODEGUAS**  
 STREET ADDRESS **1 NE 40ST**  
 CITY-ST-ZIP **MIAMI, FL 33137**

TITLE **D** ☒ Delete  
 NAME **SMITH, BRIAN**  
 STREET ADDRESS **4421 S.W. 75TH AVE**  
 CITY-ST-ZIP **MIAMI FL 33155**

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/02 305-576-6565**

Date

Daytime Phone #

CR2E037 (9/01)