

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G42913**

1. Entity Name

RITA GOMBINSKI CONTEMPORARY ART, INC.

Principal Place of Business

**1628 JEFFERSON AVE
MIAMI BEACH FL 33139**

Mailing Address

**1628 JEFFERSON AVE
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

1155 98th Street #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay Harbor

City & State

City & State

Fla.

Zip

Country

Zip

33154

Country

4. FEI Number

59-2327990

Applied For

Not Applicable

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

**GOMBINSKI, RITA
1155 98TH STREET
BAY HARBOR ISLANDS FL 33154**

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

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

(NOTE: Registered Agent's 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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PS						
	GOMBINSKI, RITA						
	1155 98TH ST, #2						
	BAY HARBOR ISLE FL	<i>33154</i>					

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita Gombinski

Date

Daytime Phone #

April 25, 2001

305 8656217



DO NOT WRITE IN THIS SPACE

0170719

CR2E034 (10/00)