
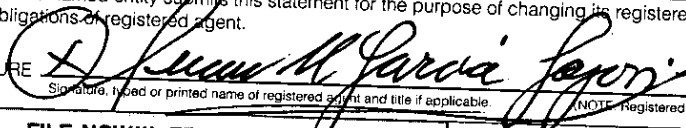


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

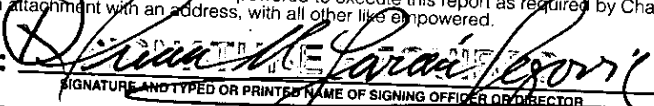
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Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90119 009 ***150.00

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| DOCUMENT # G86210 | | | |  | | | | | | | | | | | | | | | | | | | |
| 1. Entity Name MARIA CALAS ART GALLERY, INC. | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 2154 SW 16 ST. 2391 SW 22nd st MIAMI FL 33145 MIA FL 33145 | | Mailing Address 2154 SW 16 ST. 2391 SW 22nd st MIAMI FL 33145 | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 2391 SW 22nd st | | 3. Mailing Address 2391 SW 22nd st. | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | |
| City & State MIAMI- FL | | City & State MIAMI- FL | | 4. FEI Number 59-2369493 | | | | | | | | | | | | | | | | | | | |
| Zip 33145 | Country MIA-Dade | Zip 33145 | Country MIAMI-Dade | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent CALAS, MARIA JUAN MANUEL GARCIA SEGOVIA 2391 SW 22ND ST MIAMI FL 33145 | | | 7. Name and Address of New Registered Agent Name JUAN M. Garcia Segovia Street Address (P.O. Box Number is Not Acceptable) 2261 SW 20th street City MIAMI-FL 33145 FL Zip Code 33145 | | | | | | | | | | | | | | | | | | | | |
| 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  DATE 03/14/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | | | | | | | | | | | | | | | | |
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CR2E034 (10/02)

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 607, 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 listed empowered.

SIGNATURE:  **03/14/03** **305-856-6232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR