9/26/2002-90101-037-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008979

1. Entity Name
THE ART ADVENTURE, LLC

FILED
2002 OCT 22 AM 11:27
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2200 SOUTH DIXIE HIGHWAY, SUITE 705
MIAMI FL 33133

Mailing Address
2200 SOUTH DIXIE HIGHWAY, SUITE 705
MIAMI FL 33133

2. Principal Place of Business
3411 Main Highway
Suite, Apt. #, etc.
Miami, Fl.
City & State
Miami, Fl.
Zip 33133 Country U.S.A

3. Mailing Address
3411 Main Highway
Suite, Apt. #, etc.
City & State
Miami, Fl.
Zip 33133 Country U.S.A

4. FEI Number 65-1111608 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ANGEL M. GARCIA-OLIVER, LLC
2200 SOUTH DIXIE HIGHWAY, SUITE 705
MIAMI FL 33133

7. Name and Address of New Registered Agent
Name Luz Marina Llorente
Street Address (P.O. Box Number is Not Acceptable)
3411 Main Highway
City Miami FL Zip Code 33133

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 Luz Marina Llorente
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager ☐ Delete
NAME	Luz Marina Llorente
STREET ADDRESS	3411 Main Highway
CITY-ST-ZIP	Coconut Grove, Fl. 33133
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Luz Marina Llorente
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sept. 24th/02 Date 3054470809 Daytime Phone #