

# 2001 UNIFORM BUSINESS REPORT (UBR)

0011394 AF

**DOCUMENT # M99000001753**

1. Entity Name  
**ARTIUM CAPITAL PARTNERS LLC**

Principal Place of Business  
**12000 BISCAYNE BLVD., STE. 216  
MIAMI FL 33181**

Mailing Address  
**12000 BISCAYNE BLVD., STE. 216  
MIAMI FL 33181**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-0922850**  
Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**FILED**  
01 JAN 31 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GUENOUN, DAVID  
12000 BISCAYNE BLVD., STE. 216  
MIAMI FL 33181**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUENOUN, DAVID 19700 EAST COUNTRY CLUB DRIVE AVENTURA FL 33180</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2000003656702--0</b> <b>-02/08/01--00000000</b> <b>*****50.00 *****50.00</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *David Guenoun* **SIGNATURE** DAVID GUENOUN **DATE** January 24, 2001 **DAYTIME PHONE #** (305) 895-9329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)