

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90240 026 \*\*\*\*50.00

**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

**12000 BISCAYNE BLVD**

3. Mailing Address

**12000 BISCAYNE BLVD**

Suite, Apt. #, etc.

**Suite 206**

Suite, Apt. #, etc.

**Suite 206**

City &amp; State

**MIAMI FL**

City &amp; State

**MIAMI FL**

Zip

**33181**

Country

**US**

Zip

**33181**

Country

**US**

4. FEI Number

**65-0922850**

Applied For

Not Applicable

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

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

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

**DAVID GUENOUN**

(NOTE: Registered Agent signature required when reinstating)

**April 11, 2002**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>GUENOUN, DAVID</b>	
STREET ADDRESS	<b>19700 EAST COUNTRY CLUB DRIVE</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33180</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GUENOUN, DAVID</b>	
STREET ADDRESS	<b>19582 EMBASSY COURT</b>	
CITY-ST-ZIP	<b>NORTH MIAMI, FL 33179</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

**DAVID GUENOUN****April 11, 02**

Date

**(305) 895-9329**

Daytime Phone #

CR2E083 (9/01)