

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-06-2003 90027 003 ****61.25

DOCUMENT # N02000006985

1. Entity Name
ARTSALIVE MIAMI, INC.



Principal Place of Business

**1200 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131**

Mailing Address

**1200 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0427868

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HILL, MARLON A ESQ.
1200 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Marlon Hill

4/21/03

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

(NOTE: Registered Agent signature required when reinstating)

Date

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **MASCIAGA, MICHELLE**
STREET ADDRESS **46 STAR ISLAND DRIVE**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Change ☐ Addition
NAME **Deese, Kerwin**
STREET ADDRESS **4500 Biscayne Blvd, PH**
CITY-ST-ZIP **Miami, FL 33137**

TITLE **D** ☐ Delete
NAME **HILL, MARLON A**
STREET ADDRESS **1200 BRICKELL AVENUE, SUITE 950**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **D** ☐ Change ☐ Addition
NAME **Mayfield, Sabrina**
STREET ADDRESS **2543 Fisher Island Dr.**
CITY-ST-ZIP **Fisher Island, FL 33109**

TITLE **D** ☐ Delete
NAME **MUNOZ, SARA**
STREET ADDRESS **1450 LINCOLN TERRACE APT. #2**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **D** ☐ Change ☐ Addition
NAME **Reijen, Iris**
STREET ADDRESS **2915 Catalina St**
CITY-ST-ZIP **Coconut Grove FL 33133**

TITLE **P** ☐ Delete
NAME **Celler, Richard**
STREET ADDRESS **3709 Spanish Oak Point**
CITY-ST-ZIP **Davie, FL 33328**

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

TITLE **D** ☐ Delete
NAME **Rosario, Jessie**
STREET ADDRESS **1175 9th St, #22**
CITY-ST-ZIP **Bay Harbor Islands, FL 33154**

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

TITLE **D** ☐ Delete
NAME **Connor Crystal**
STREET ADDRESS **7601 E. Treasure Dr. #1515**
CITY-ST-ZIP **N. Bay Village, FL 33141**

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

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 617, 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/21/03

305-574-7053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)