

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

Amended

FILED

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N02000006985

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200 S. Biscayne Blvd.
Suite, Apt. #, etc. 2680

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same

4. FEI Number

51-04227868

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, MARLON A. ESQ.
1200 BRICKELL AVENUE
SUITE 950
MIAMI FL 33131
200 S. Biscayne Blvd.

7. Name and Address of New Registered Agent

Name HILL MARLON A.
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd., Suite 2680
City Miami FL Zip Code 33131

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

9/8/03

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

After September 10, 2003, min will be \$236.25

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

TITLE	D	NAME	MASCIAGA, MICHELLE	STREET ADDRESS	46 STAR ISLAND DRIVE	CITY-ST-ZIP	MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete
TITLE	D	NAME	HILL, MARLON A	STREET ADDRESS	1200 BRICKELL AVENUE, SUITE 950	CITY-ST-ZIP	MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE	D	NAME	MUNOZ, SARA	STREET ADDRESS	1450 LINCOLN TERRACE APT. #2	CITY-ST-ZIP	MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE	President/Chair	NAME	Richard Celler	STREET ADDRESS	3709 Spanish One Point	CITY-ST-ZIP	Daniel, FL 33328	<input type="checkbox"/> Delete
TITLE	Director	NAME	Kennin Reese	STREET ADDRESS	4500 Biscayne Blvd PH,	CITY-ST-ZIP	Miami, FL 33131	<input type="checkbox"/> Delete
TITLE	Director	NAME	Sabrina Mayfield	STREET ADDRESS	2543 Fisher Island Drive	CITY-ST-ZIP	Fisher Island, FL 33109	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	NAME	Crystal Connor	STREET ADDRESS	1175 98th Street, #22	CITY-ST-ZIP	Bay Harbor Islands, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director	NAME	HILL, MARLON A	STREET ADDRESS	200 S. Biscayne Blvd. Suite 2680	CITY-ST-ZIP	Miami, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	Director	NAME	Iris Reinjar	STREET ADDRESS	2915 Catalina St.	CITY-ST-ZIP	Coconut Grove, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Marlon Hill
Director

9/9/03

786 777-0784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)