

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48155

1. Entity Name

TALENT ARTISTIC JUVENILE, INC.

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90200 006 ****61.25

Principal Place of Business

Mailing Address

6920 W 2ND WAY
HIALEAH FL 33014

6920 W 2ND WAY
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0335092

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

MORERA, ONIX
6920 W 2ND WAY
HIALEAH FL 33014

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.

ONIX MORERA

(NOTE: Registered Agent signature required when reinstating)

DATE

7/26/2001

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MORERA, ONIX**
STREET ADDRESS **6920 W 2ND WAY**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **D** ☐ Delete
NAME **SAYIH, JIMMY**
STREET ADDRESS **1119 NW 143 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ Delete
NAME **BARBOSA, FLAVIA**
STREET ADDRESS **1119 NW 143 AVE**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-ST-ZIP

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 **ONIX MORERA**

7/26/2001

CR2E037 (10/00)