

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001332

1. Entity Name

ARTEMIS PERFORMANCE NETWORK, INC.

FILED

May 24, 2000 8:00 am
Secretary of State

05-24-2000 90190 009 ****61.25

Principal Place of Business

511 N.W. 59TH COURT
MIAMI FL 33126

Mailing Address

511 N.W. 59TH COURT
MIAMI FL 33126-3139

2. Principal Place of Business

742 S.W. 16 Ave.

Suite, Apt. #, etc.

3. Mailing Address

742 S.W. 16 Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33135

Country

USA

City & State

Miami, FL

Zip

33135

Country

USA

4. FEI Number

65-0921425

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARABALLO, SUSAN
511 N.W. 59TH COURT
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

742 S.W. 16 Ave.

City

Miami

FL

Zip Code

33135

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

(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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CARABALLO, SUSAN
STREET ADDRESS 511 N.W. 59TH COURT
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ Delete
NAME MARQUEZ, NIURCA
STREET ADDRESS 221 S.W. 136TH CT.
CITY-ST-ZIP MIAMI FL 33184

TITLE D ☒ Delete
NAME SEITZ, HANS
STREET ADDRESS 655 NE 61 ST
CITY-ST-ZIP MIAMI FL 33137

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 Vice-President & Director
STREET ADDRESS Martinez, Ana
CITY-ST-ZIP 3502 Torremolinos
Miami, FL 33178

TITLE ☐ Change ☒ Addition
NAME Secretary & Director
STREET ADDRESS Perez, Ana Maria
CITY-ST-ZIP 908 S.W. 141 Ave, Miami, FL 33184

TITLE ☐ Change ☐ Addition
NAME Director
STREET ADDRESS Oscar Kramer
CITY-ST-ZIP 927 Lincoln Road #216
Miami Beach, FL 33139

TITLE ☐ Change ☒ Addition
NAME Director
STREET ADDRESS Lizbeth Michel
CITY-ST-ZIP 1041 S.W. 92 Ave.
Miami, FL 33156

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/99)