

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90116 047 \*\*\*\*70.00

**DOCUMENT # N99000001332**

1. Entity Name

**ARTEMIS PERFORMANCE NETWORK, INC.**

Principal Place of Business

**511 N.W. 59TH COURT  
MIAMI FL 33126**

Mailing Address

**511 N.W. 59TH COURT  
MIAMI FL 33126**

2. Principal Place of Business

**742 S.W. 16 Avenue**

Suite, Apt. #, etc.

3. Mailing Address

**742 S.W. 16 Avenue**

Suite, Apt. #, etc.

City & State  
**Miami, FL**City & State  
**Miami, FL**Zip  
**33135**Country  
**USA**Zip  
**33135**Country  
**USA**

4. FEI Number

**65-0921425**

Applied For

Not Applicable

5. Certificate of Status Desired **XX****\$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

**Susan Caraballo**

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

**1609 S.W. 8 Street #6**

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

**Susan Caraballo****4/30/01**

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-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P/ D** ☒ Change ☐ Addition  
NAME **Caraballo, Susan**  
STREET ADDRESS **1609 S.W. 8 Street #6**  
CITY-ST-ZIP **Miami, FL 33135**TITLE **D** ☒ Change ☐ Addition  
NAME **Marquez, Niurca**  
STREET ADDRESS **1758 S.W. 23 Street**  
CITY-ST-ZIP **Miami, FL 33145**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **See ATTACHED list.**  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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****Susan Caraballo****4/30/01****305-643-6611**

CR2E037 (10/00)

Attachment Doc# N99000001332  
C0065854  
artemis performance network

**BOARD OF DIRECTORS**

**Susan Caraballo**  
**Acting President & Executive Director**  
1609 S.W. 8 Street #6  
Miami, FL 33135

**Ana Martinez**  
**Vice President & Director**  
2655 Collins Avenue #904  
Miami, FL 33140

**Ana Maria Perez**  
**Secretary/ Treasurer & Director**  
908 S.W. 141 Avenue  
Miami, FL 33184

**Oscar Kramer**  
**Director**  
1351 Meridian Ave #2  
Miami Beach, FL 33139

**Niurca E. Márquez**  
**Director**  
1758 S.W. 23 Street  
Miami, FL 33145

**Vivian Marthell**  
**Director**  
1609 S.W. 8 Street #8  
Miami, FL 33135

**Lizbeth Michel**  
**Director**  
1041 S.W. 92 Ave  
Miami, FL 33174

# 2000 UNIFORM BUSINESS REPORT (UBR)

Attachment Doc#  
N99000001332  
C0065854

DOCUMENT # N99000001332

1. Entity Name  
ARTEMIS PERFORMANCE NETWORK, INC.

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.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0921425

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
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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	<input type="checkbox"/> Delete
NAME	CARABALLO, SUSAN	
STREET ADDRESS	511 N.W. 59TH COURT	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARQUEZ, NIURCA	
STREET ADDRESS	221 S.W. 136TH CT.	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SEITZ, HANS	
STREET ADDRESS	655 NE 61 ST	
CITY-ST-ZIP	MIAMI FL 33137	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, Ana	
STREET ADDRESS	3502 Torremolinos	
CITY-ST-ZIP	Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Secretary & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Ana Maria	
STREET ADDRESS	908 S.W. 141 Ave, Miami, FL	
CITY-ST-ZIP	33184	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oscar Kramer	
STREET ADDRESS	927 Lincoln Road #216	
CITY-ST-ZIP	Miami Beach, FL 33139	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lizbeth Michel	
STREET ADDRESS	1041 S.W. 92 Ave.	
CITY-ST-ZIP	Miami, FL 33156	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4/30/99 305-793-7759