

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90104 001 ****70.00

DOCUMENT # N99000001332

1. Entity Name

ARTEMIS PERFORMANCE NETWORK, INC.

Principal Place of Business

Mailing Address

**742 SW 16 AVENUE
 MIAMI FL 33135**

**742 SW 16 AVENUE
 MIAMI FL 33135**

2. Principal Place of Business

1165 S.W. 6 Street

Suite, Apt. #, etc.

3. Mailing Address

1165 S.W. 6 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33130

Country

USA

Zip

33130

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
 1609 SW 8 STREET #6
 MIAMI FL 33135**

7. Name and Address of New Registered Agent

Name

Caraballo, Susan

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

1155 S.W. 6 Street

City **Miami**

FL

Zip Code **33130**

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

1/15/02

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	PD	<input type="checkbox"/> Delete
NAME	CARABALLO, SUSAN	
STREET ADDRESS	1609 SW 8 STREET #6	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARQUEZ, NIURCA	
STREET ADDRESS	1758 SW 23 STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTHELL, VIVIAN	
STREET ADDRESS	1609 SW 8 STREET #8	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	MICHEL, LIZBETH	
STREET ADDRESS	1041 SW 92 AVENUE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KRAMER, OSCAR	
STREET ADDRESS	1351 MERIDIAN AVE #2	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	PEREZ, ANA MARIA	
STREET ADDRESS	908 SW 141 AVENUE	
CITY-ST-ZIP	MIAMI FL 33184	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caraballo, Susan	
STREET ADDRESS	1155 S.W. 6 Street	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rabel, Ana Maria	
STREET ADDRESS	5876 S.W. 42 Terrace	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marthell, Vivian	
STREET ADDRESS	1155 S.W. 6 Street	
CITY-ST-ZIP	Miami, FL 33130	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chavez, Ever	
STREET ADDRESS	1609 S.W. 8 Street #6	
CITY-ST-ZIP	Miami, FL 33135	
TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Caraballo, Noemi	
STREET ADDRESS	511 N.W. 59 Court	
CITY-ST-ZIP	Miami, FL 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/15/02

CR2E037 (9/01)