

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90352 027 ***150.00

0193780

DOCUMENT # P00000034013

1. Entity Name

ART & HANDS, INC.

Principal Place of Business

9200 S DADELAND BLVD. SUITE 603
MIAMI FL 33156

Mailing Address

9200 S DADELAND BLVD. SUITE 603
MIAMI FL 33156

2. Principal Place of Business

8265 N. WICKHAM RD.
Suite, Apt. #, etc.

3. Mailing Address

8265 N. WICKHAM RD.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE FL.

City & State

MELBOURNE, FLORIDA

4. FEI Number

65-1002473

Applied For

Not Applicable

Zip

32940

Country

U.S.A.

Zip

32940

Country

U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ
9200 S DADELAND BLVD. SUITE 603
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name ANDREW CUEVAS, ESQ

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

536 BILTMORE WAY

City CORAL GABLES

FL Zip Code 33134

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LEHNER, FREDDY	
STREET ADDRESS	9200 S DADELAND BLVD. SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEAL, LUIS FERNANDO	
STREET ADDRESS	9200 S DADELAND BLVD. SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	AYA, CARLOS	
STREET ADDRESS	9200 S DADELAND BLVD. SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	T	<input type="checkbox"/> Delete
NAME	NOGUERA, MONTSERRAT	
STREET ADDRESS	9200 S DADELAND BLVD. SUITE 603	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNER, FREDDY	
STREET ADDRESS	8265 N. WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, LUIS FERNANDO	
STREET ADDRESS	8265 N. WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYA CARLOS	
STREET ADDRESS	8265 N. WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOGUERA, MONTSERRAT	
STREET ADDRESS	8265 N. WICKHAM RD.	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

02/23/01

Date

321-676 2754

Daytime Phone #

CR2E034 (10/00)