

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90117 010 ***158.75

02/25/02 AV

DOCUMENT # P00000047625

1. Entity Name
A.R.T. OF MIAMI, INC.

Principal Place of Business
11338 S.W. 5TH TERRACE
SWEETWATER FL 33174

Mailing Address
11338 S.W. 5TH TERRACE
SWEETWATER FL 33174



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1098038**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEMAN, JOSE A
11338 S.W. 5TH TERRACE
SWEETWATER FL 33174

Name **ALEMAN, CARLOS A**
 Street Address (P.O. Box Number is Not Acceptable)
6140 S.W. 15 STREET
 City **MIAMI** FL Zip Code **33144**

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)

01/23/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
 NAME **ALEMAN, JOSE A**
 STREET ADDRESS **11338 S.W. 5TH TERRACE**
 CITY-ST-ZIP **SWEETWATER FL 33174**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **ALEMAN, CARLOS A**
 STREET ADDRESS **6140 S.W. 15 STREET**
 CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VTD** ☒ Delete
 NAME **TAYLOR, OCTAVIO A**
 STREET ADDRESS **5666 S.W. 130TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33183**

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

TITLE **VSD** ☒ Delete
 NAME **REGIDOR, EDGAR J**
 STREET ADDRESS **1023 N.W. 134TH PLACE**
 CITY-ST-ZIP **MIAMI FL 33182**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

Carlos A. Aleman 01/23/02 (305)987-0142
 Date Daytime Phone #

CR2E034 (9/01)