

05-05-2003 91842 023 ***150.00
P00000068098

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068098

1. Entity Name
ARTRADE USA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

03 OCT 16 PM 4:47

Principal Place of Business
14260 S W 136 STREET
#3
MIAMI, FL 33186

Mailing Address
14260 S W 136 STREET
#3
MIAMI, FL 33186

2. Principal Place of Business

8460 SW 179 street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33157

Country

Zip

Country

4. FEI Number

65-1027170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIOBIO, OSVALDO
14260 S W 136 STREET
#3
MIAMI, FL 33186

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's Signature required when reinstating)

DATE

FILED IN 1105 FEB 15, 2003
After May 1, 2003 Fee will be \$560.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOBIO, HORACIO 14260 S W 136 STREET #3 MIAMI, FL 33186 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CREATIVE SYSTEMS 8460 SW 179 STREET MIAMI FL 33157. ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS GIOBIO, OSVALDO 14260 S W 136 STREET #3 MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS GIOBIO, OSVALDO 8460 SW 179 STREET MIAMI FL 33157. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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 #

5/1/03

CR2E034 (10/02)