

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90248 023 \*\*\*158.75

NOT FOR  
 AV

**DOCUMENT # P00000074843**

1. Entity Name  
**CER'ARTE CORPORATION**

Principal Place of Business  
**9947 S.W. 5TH STREET CIRCLE  
 MIAMI FL 33174**

Mailing Address  
**9947 S.W. 5TH STREET CIRCLE  
 MIAMI FL 33174**

001818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address  
**924 LACOSTA CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**APT # 4**

City & State

City & State  
**SARASOTA FL**

4. FEI Number  
**65-1031912**

Applied For  
 Not Applicable

Zip

Country

Zip  
**34237**

Country  
**USA**

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

**POSADA, ALBERTO  
 9947 S.W. 5TH STREET CIRCLE  
 MIAMI FL 33174**

Name **JORGE A. MEJIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**924 LACOSTA CIRCLE  
 APT # 4**  
 City **SARASOTA FL** Zip Code **34237**

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 *Jorge A. Mejia* **JORGE A. MEJIA PD** **04-25-02**  
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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD POSADA, ALBERTO 9947 S.W. 5TH STREET CIRCLE MIAMI FL 33174</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD GARCIA, OLGA C 9947 S.W. 5TH STREET CIRCLE MIAMI FL 33174</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MEJIA, JORGE A 9947 S.W. 5TH STREET CIRCLE MIAMI FL 33174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD JORGE A. MEJIA 924 LACOSTA CIRCLE APT # 4 SARASOTA FL 34237</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD ESTEBAN D. MEJIA 924 LACOSTA CIRCLE APT # 4 SARASOTA FL 34237</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JOHN F. MEJIA 924 LACOSTA CIRCLE APT # 4 SARASOTA FL 34237</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jorge A. Mejia* **JORGE A. MEJIA** **04-25-02** **2994126**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)