FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90243 033 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000080170

90123552

1. Entity Name
VE VE ART STUDIO INC.

Principal Place of Business
999 BRICKELL BAY DRIVE, #808
MIAMI, FL 33131

Mailing Address
999 BRICKELL BAY DRIVE, #808
MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
520 Brickell Key Dr	520 Brickell Key Dr
Suite, Apt. #, etc. 1016	Suite, Apt. #, etc. 1016
City & State Miami FL	City & State Miami
Zip 33131 Country	Zip 33131 Country

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1048049 ~~65-1048098~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
VERA, VESNA
999 BRICKELL BAY DRIVE, #808
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name Vera, Vesna
Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Dr #1016
City Miami FL Zip Code 33131

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 ______ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	D ☐ Delete	TITLE	D ☑ Change ☐ Addition
NAME	VERA, VESNA	NAME	Vera, Vesna
STREET ADDRESS	999 BRICKELL BAY DRIVE, #808	STREET ADDRESS	520 Brickell Key Dr #1016
CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP	Miami FL 33131
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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] (305) 530 8277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #