

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90971 032 ***150.00

DOCUMENT # P00000085459

1. Entity Name
ARTESUR, INC.



Principal Place of Business
320 SOUTH WEST 67TH ST #204
BOCA RATON FL 33687

Mailing Address
320 SOUTH WEST 67TH ST #204
BOCA RATON FL 33687

70023919



2. Principal Place of Business
320 NORTH WEST 67TH ST
Suite, Apt. #, etc.
204

3. Mailing Address
320 NORTH WEST 67TH ST
Suite, Apt. #, etc.
204

City & State
BOCA RATON FL

City & State
BOCA RATON FL

4. FEI Number **59-3670292**

Applied For
Not Applicable

Zip
33487

Country
US

Zip
33487

Country
US

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

6. Name and Address of Current Registered Agent

HANSON, PATRICIA I
320 SOUTH WEST 67TH ST #204
BOCA RATON FL 33687

7. Name and Address of New Registered Agent

Name **HANSON, PATRICIA I**
Street Address (P.O. Box Number is Not Acceptable) **320 NORTH WEST 67th St #204**
City **BOCA RATON** FL Zip Code **33487**

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 *Patricia Hanson*

Patricia Hanson

02-28-03

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

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD OSPINA, CARLOS A 320 SOUTH WEST 67TH ST #204 BOCA RATON FL 33687	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HANSON, PATRICIA I 320 SOUTH WEST 67TH ST #204 BOCA RATON FL 33687	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

REQUIRED

02-28-03

581 2898916

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)