

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108617

1. Entity Name

U.S. ARTISANS CORP.

Principal Place of Business

15168 SW 63 TERR.
MIAMI FL 33193

Mailing Address

15168 SW 63 TERR.
MIAMI FL 33193

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DIAZ, THOMAS
15168 SW 63 TERR.
MIAMI FL 33193

7. Name and Address of New Registered Agent

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.

SIGNATURE

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, 2001 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 PD ☐ Delete
NAME DIAZ, THOMAS
STREET ADDRESS 15168 SW 63 TERR.
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

Date

Daytime Phone #

FILED
01 FEB 23 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA



2/3/01 90012 039-1500
4. FEI Number 65-1059204
Applied For
Not Applicable

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

CR2E034 (10/00)

February 13, 2001

pg 2 of 2

From: U.S. Artisans Corp.
15168 SW 63 Terrace
Miami, Fl 33193

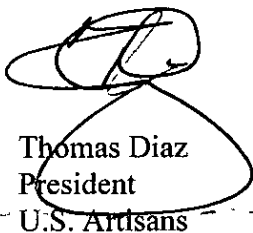
To: Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32302-1500

Dear Sirs,

The purpose of this letter is to correct an error on filing a 2001 UBR. By mistake, I filed a **Document Number P00000107735** pertaining to a corporation which was dissolved. I wish to transfer the funds to **Document Number P00000108617 (enclosed)**, my active corporation under the name of U.S. Artisans Corp.

Please contact me with any questions at (305) 989-5302. Thank you for your assistance.

Sincerely,



Thomas Diaz
President
U.S. Artisans

Encl. : 1