

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000115664**

1. Entity Name

ARTISTIC SILVER, INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:03

A0085484



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13244 SW 29 TERRACE MIAMI FL 33175		Mailing Address 13244 SW 29 TERRACE MIAMI FL 33175		4. FEI Number 65-1066034	Applied For Not Applicable
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent FUENTE, GEORGINA 13244 SW 29 TERRACE MIAMI FL 33175		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Georgina Fuente 9/6/01
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>P. GEORGINA FUENTE</u> <u>13244 SW 29 Terr.</u> <u>Miami FL 33175</u>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Georgina Fuente 9/6/01 (305) 220-5097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Letter telling accountant first filing 1.50

CR2E034 (5/01)

Attachment
A0085C/F01

September 6, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **ARTISTIC SILVER, INC.**
P00000115664

Dear Sir or Madam:

Enclosed you will find check number 1023 in the amount of \$150.00, representing the filing fee for the year 2001 regarding the above-referenced corporation. I spoke to a staff member from the Division of Corporations and let him know that I had not received the first filing report, therefore he instructed me to send \$150.00 now and then call next February to make sure this form had been sent to me.

Very truly yours,

Artistic Silver, Inc.


Georgina Fuente, Registered, Agent

GF

Enclosure