04-28-2003 90177 015 ***150.00

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or 28,	2003	8:00	am
Secreta			

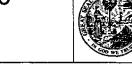
2003 FO	R PROFI	T CORPORA	TION
UNIFORM	BUSINE	SS REPORT	(UBR

DOCUMENT #

P01000005340

1. Entity Name ARTIE'S. INC.

SIGNATURE



Principal Place of Business 6401 SW 46 TERR MIAMI FL 33155

Mailing Address 6401 SW 46 TERR MIAMI FL 33155

3. Mailing Address	
Suite, Apt. #, etc.	
City & State	<u></u>
	Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

DATE

65-1067739

-Zip		Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Manick, Thomas P.A. 255 Alhambra Cir, Ste 425		Name			
		Street Addre	ess (P.O. Box Number is Not Acceptable)	
MIAMI FL 33°	134				
			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. I am familiar with, and accept whe obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

	FILE NOW!!! FEE IS \$150.00	
	After May 1, 2003 Fee will be \$550.00	
Make	Check Payable to Florida Department of Sta	ate

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

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

\$5.00 May Be Added to Fees

Applied For

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE DE CASTRO, ARTURO NAME NAME STREET ADDRESS 6401 SW 46 TERR STREET ADDRESS **MIAMI FL 33155** CITY-ST-7IP 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 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP