

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

10fz

DOCUMENT # P01000006769

1. Entity Name  
**ARTECOL, INC.**

FILED

02 OCT 17 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>7360 CORAL WAY</b>		3. Mailing Address <b>7360 CORAL WAY</b>	
Suite, Apt. #, etc. <b>SUITE 21</b>		Suite, Apt. #, etc. <b>SUITE 21</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33155</b>	Country <b>US</b>	Zip <b>33155</b>	Country <b>US</b>

4. FEI Number <b>65-1069480</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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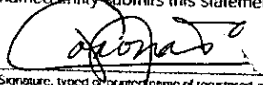
7. Name and Address of Current Registered Agent

Name **NESTOR CORONADO**

Street Address (P.O. Box Number is Not Acceptable)  
**7360 CORAL WAY STE:21**

City **MIAMI** FL Zip Code **33155**

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  **NESTOR CORONADO** DATE **10/10/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

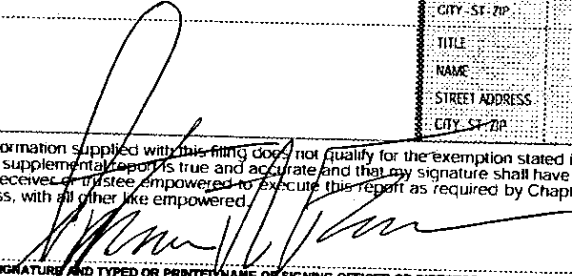
10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>(PD) PATRICIA A. FARINAS 5960 SW 134 STREET MIAMI, FL 33156</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>700008725267 10/31/02--01050--004 **150.00</b>
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **10/10/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR260348 (10/01)

B

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2002 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

PATRICIA A. FARINAS  
P/D