

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

06-09-2003 90108 027 ***150.00

DOCUMENT # P01000009575 **(L)**

1. Entity Name
TEKNIART, INC.

Principal Place of Business
90 BISCAYNE BLVD
MIAMI FL 33132

Mailing Address
1900 SUNSET HARBOR, #2002
MIAMI BEACH FL 33139

2. Principal Place of Business
TEKNIART INC
Suite, Apt. #, etc.
90 BISCAYNE Blvd

3. Mailing Address
90 BISCAYNE Blvd
Suite, Apt. #, etc.

City & State
MIAMI

City & State
MIAMI

Zip 33132 **Country** USA

Zip 33132 **Country** USA

4. FEI Number 32-0079307 ☒ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
ROBLEDO, CLAUDIA
90 BISCAYNE BLVD
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name ROBLEDO CLAUDIA
Street Address (P.O. Box Number is Not Acceptable) 90 BISCAYNE BLVD
City MIAMI **FL** **Zip Code** 33132

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 *[Signature]* **ROBLEDO CLAUDIA** **May 1st 2003**

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

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

10. OFFICERS AND DIRECTORS

TITLE MD	NAME ROBLEDO, CLAUDIA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 90 BISCAYNE BLVD	CITY-ST-ZIP MIAMI FL 33132	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE MD to SECRETARY	NAME ROBLEDO CLAUDIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 90 BISCAYNE BLVD	CITY-ST-ZIP MIAMI FL 33132	
TITLE MANAGING DIRECTOR	NAME LAWRENCE KRUGUER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2333 BRICKELL AVE # 1912	CITY-ST-ZIP MIAMI, FL 33129	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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: *[Signature]* **ROBLEDO CLAUDIA (SECRETARY)** **May 1st 2003** **305 579 13 77**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)