

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000009904

1. Entity Name

DAVINCI'S GALLERY & FRAME, INC.

FILED

02 OCT 11 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2914 PONE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address

2914 PONE DE LEON BLVD
CORAL GABLES FL 33134

2. Principal Place of Business

2914 Pone De Leon Blvd
Suite, Apt. #, etc.

3. Mailing Address

14604 SW 63 TERR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Gables, FLCity & State
MIAMI, FL

4. FEI Number

65-1070702

Applied For

Not Applicable

33134

Country

33183

DAVE

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

6. Name and Address of Current Registered Agent

SACASAS, CARLOS
14604 SW 63RD TERR
MIAMI FL 33183

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and his or her address

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
President
Carlos Sacasas
14604 SW 63 Terrace
Miami, FL 33183TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
Secretary/Treasurer
Gilda Sacasas
14604 SW 63 Terrace
Miami, FL 33183TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (4/02)

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, without being otherwise empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS E. SACASAS

9/11/02

Daytime Phone #