FILED
Jun 19, 2002 8:00 am
Secretary of State

04-15-2002 90019 036 ***150.00

4/15/I

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019949

1. Entity Name
IDELMIS MADERA & ARTE INC.

[redacted] 93551

Principal Place of Business	Mailing Address
2517 NORTH WEST 21 TERR. #5 MIAMI FL 33142	2517 NORTH WEST 21 TERR. #5 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2517 North west 21 terr	2517 North west 21 terr
Suite, Apt. #, etc. #5	Suite, Apt. #, etc. #5
City & State: Miami Florida	City & State: Miami Florida
Zip: 33142 Country: Dade	Zip: 33142 Country: Dade

4. FEI Number: 65-1122267 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAQUEZ, ROMAN M 2015 NORTH WEST 29 ST. MIAMI FL 33142	Name: JAQUEZ ROMAN M Street Address (P.O. Box Number is Not Acceptable): 2430 SW 9TH ST, APT 15 City: MIAMI FL Zip Code: 33135

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: ✓ ROMAN M. JAQUEZ - PRESIDENT ✓ [signature] DATE: 04-02-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After May 1, 2002 Fee will be $550.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROMAN M. JAQUEZ 2430 SW 9ST. #15 MIAMI FL. 33135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: ✓ [illegible] [signature] ✓ 04-02-02 (305) 633-7033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)