

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90159 031 ***150.00

DOCUMENT # P01000037986

1. Entity Name

ARTESANIAS DE COLOMBIA - FRANQUICIA DE LA FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7801 NW 37TH STREET

Suite, Apt. #, etc.

SUITE 105987

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Address

7801 NW 37TH STREET

Suite, Apt. #, etc.

SUITE 105987

City & State

MIAMI FL

Zip

33166

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1095449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDUARDO HURTADO

Street Address (P.O. Box Number is Not Acceptable)

7801 NW 37TH STREET

SUITE 105987

City

MIAMI

FL

Zip Code

33166

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when amending.)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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	PD EDUARDO HURTADO 7801 NW 37TH ST, SUITE 105987 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARLOS GUILLERMO CABRERA 7801 NW 37TH ST, SUITE 105987 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILBERTO HURTADO 7801 NW 37TH ST, SUITE 105987 MIAMI FL 33166	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO HURTADO

25/4/2002

(305) 592-0753

Date

Daytime Phone