

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90105 041 ***150.00

DOCUMENT # P01000075888

1. Entity Name
ART METAL DESIGN, INC.



Principal Place of Business
**8911 COLLINS AVE
1103
SURFSIDE FL 33154**

Mailing Address
**8911 COLLINS AVENUE APT 303
SURFSIDE FL 33154**

2. Principal Place of Business

3. Mailing Address
8911 COLLINS AVE #1103

Suite, Apt. #, etc.

Suite, Apt. #, etc.
SURFSIDE, FL

City & State

City & State
FLORIDA

Zip

Country

Zip
33154

Country
U.S.A

4. FEI Number **65-1126665**

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DIEGO ALBORNOZ, FERNANDO
9201 COLLINS AVENUE, SUITE 604
SURFSIDE FL 33154**

7. Name and Address of New Registered Agent

Name
FERNANDO DIEGO ALBORNOZ
Street Address (P.O. Box Number is Not Acceptable)
8911 COLLINS AVE #1103
SURFSIDE
City
FL Zip Code
33154

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
D
NAME
DIEGO ALBORNOZ, FERNANDO
STREET ADDRESS
9201 COLLINS AVENUE, SUITE 604
CITY-ST-ZIP
SURFSIDE FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
FERNANDO DIEGO ALBORNOZ ☒ Change ☐ Addition
NAME
8911 COLLINS AVE #1103
STREET ADDRESS
SURFSIDE 33154 FL.
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/28/03 3057611240
Date Daytime Phone #

CR2E034 (10/02)