JUL.17. 2002 9:23AM PINES GROUP, INC.

05-12-2002 90633 043 ***150.00
P01000076441

02 AUG 13 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

- 39271

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000076441

1. Entity Name

~~FERIA INTERNACIONAL DE ARTE CONTEMPORANEO DEL C ARIBE INC.~~ Puerto Rico Art Fair, Inc. Filed

Principal Place of Business	Mailing Address
3308 PONCE DE LEON BLVD CORAL GABLES FL 33134	3308 PONCE DE LEON BLVD CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — ☑ 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
PINES, GUSTAVO A 3301 PONCE DE LEON BLVD SE 200 CORAL GABLES FL 33134	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.

SIGNATURE ______ (Signature, typed or printed name of registered agent and title if applicable. 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 $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	PD SEGNINI, CESAR 3308 PONCE DE LEON BLVD CORAL GABLES FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SEGNINI, SULAY 3308 PONCE DE LEON BLVD CORAL GABLES FL 33134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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AR 8/13

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: SIGNATURE REQUIRED
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (8/01)