

FILED
Jul 25, 2003 8:00 am
Secretary of State

03-03-2003 90851 004 ***155.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

3/

DOCUMENT # P02000017755

1. Entity Name
TORNA FINE ART CORP



Principal Place of Business
19950 NW 56TH AVENUE
MIAMI FL 33055

Mailing Address
19950 NW 56TH AVENUE
MIAMI FL 33055

55052255

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

043627897

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

7. Name and Address of New Registered Agent

Name JESUS FERNANDEZ TORNA

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

19950 NW 56 Ave

MIAMI, FL

City

FL

Zip Code

33055

BASILIO, JOSE D
250 NW 107TH AVE
108
MIAMI FL 33172

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

7-21-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TORNA, JESUS F
STREET ADDRESS 19950 NW 56TH AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE V
NAME FERNANDEZ, LAZARA M
STREET ADDRESS 19950 NW 56TH AVENUE
CITY-ST-ZIP MIAMI FL 33055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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

Date

Daytime Phone #

February 21, 2003 305.643.2357

CR2E034 (10/02)