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05-05-2003 91801 007 \*\*\*150.00

**2003 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P02000027456 (2)

1. Entity Name  
 AMPARO GARZON ART, INC

Principal Place of Business 4110 SW 71 ST AVE MIAMI, FL 33155	Mailing Address 4110 SW 71 ST AVE MIAMI, FL 33155
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**55046847**

2. Principal Place of Business 2451 BRICKELL AVE Suite, Apt. #, etc. APT # 6-M City & State MIAMI FLORIDA Zip 33129	3. Mailing Address 2451 BRICKELL AVE Suite, Apt. #, etc. APT # 6-M City & State MIAMI FLORIDA Zip 33129
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DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0566496	Applied For Not Applicable	5. Certificate of Status Desired Additional Fee Required \$8.75	
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6. Name and Address of Current Registered Agent

PRECIADO, ROBERTO  
 2451 BRICKELL AVE  
 APARTMENT 6-M  
 MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name  
 PRECIADO, ROBERTO  
 Street Address (P.O. Box Number is Not Acceptable)  
 2451 BRICKELL AVE  
 APARTMENT # 6-M  
 City  
 MIAMI FL Zip Code  
 33129

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 \_\_\_\_\_ Date \_\_\_\_\_  
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, 2000 Fee will be \$350.00  
 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

TITLE DP <input type="checkbox"/> Delete NAME PRECIADO, ROBERTO STREET ADDRESS 2451 SW BRICKELL AVE APT # 6-M CITY - ST - ZIP MIAMI, FL 33129	TITLE V <input type="checkbox"/> Delete NAME GARZON, AMPARO STREET ADDRESS 2451 SW BRICKELL AVE APT # 6-M CITY - ST - ZIP MIAMI, FL 33129
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME GARZON, AMPARO STREET ADDRESS 2451 SW BRICKELL AVE APT # 6-M CITY - ST - ZIP MIAMI, FL 33129	TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME PRECIADO, ROBERTO STREET ADDRESS 2451 SW BRICKELL AVE APT # 6-M CITY - ST - ZIP MIAMI, FL 33129
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP
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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 807, 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: Amparo Garzon Date: 04-29-03 Daytime Phone # 786 443 4363

CR2E034 (8/99)