

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90274 036 ***150.00

DOCUMENT # P02000062607

1. Entity Name
LA BOHEME FINE ART COMPANY



Principal Place of Business
2980 PONCE DE LEON BLVD
CORAL GABLES FL 33134

Mailing Address
2980 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

04-3683818

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HANUSZKIEWICZ, ELEONORA
3411 RIVIERA DR
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Ernesto Gonzalez**

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

3614 SW 142 CT

33175

City **Miami FL**

Zip Code **33134**

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

Ernesto Gonzalez (President) Jan. 18, 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 **D** ☒ **Delete**
NAME **HANUSZKIEWICZ, ELEONORA**
STREET ADDRESS **3411 RIVIERA DR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **D** ☒ **Delete**
NAME **HANUSZKIEWICZ, ALEX M**
STREET ADDRESS **3411 RIVIERA DR**
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **President**
STREET ADDRESS **Ernesto Gonzalez**
CITY-ST-ZIP **3614 SW 142 CT Miami Florida 33175**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **Secretary**
STREET ADDRESS **James Blanchard Cisneros**
CITY-ST-ZIP **201 S. Biscayne Blvd 34th Floor Miami Florida 33131**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☒ **Addition**
NAME **Treasurer**
STREET ADDRESS **Juan A. Gomez**
CITY-ST-ZIP **290-174th Street Apt #1506 Sunny Isles, FL 33160**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 11, 2003 305-461-5656

CR2E034 (10/02)