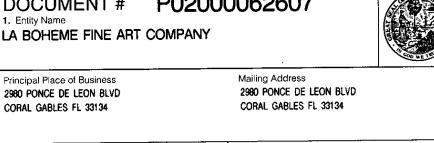
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000062607 DOCUMENT



FILED Feb 13, 2003 8:00 am Secretary of State 02-13-2003 90274 036 ***150.00

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		L (BONERY IN BRING HEN BEIN BEIN BEN BENE BING NEUS GRIN GRIN GRIN 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip - ~ , (Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
3411 RIVIE CORAL GA	BLES FL 33134	or the <u>purpose of</u> changing its reg	City City City City City City City City	ddress (P.O. Box Number is Not Acceptable) H. Sw. College Col
SIGNATURE -	Signature, types or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Agent signatur	ure required when reinstating) DATE
After	LE NOW!!! FEE IS \$150.00 - May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	₩ Delete	TITLE	X Change
NAME	HANUSZKIEWICZ, ELEONORA		name Street address	
STREET ADDRESS CITY-ST-ZIP	3411 RIVIERA DR CORAL GABLES FL 33134		CITY-ST-ZIP	
		₩ Delete	TITLE	Change ☐ Addition
TITLE NAME	D HANUSZKIEWICZ, ALEX M	Jest Delete	NAME	
STREET ADDRESS	3411 RIVIERA DR	•	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	-	_CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Tresident Addition
NAME			NAME	Ernesto Conzalez 3614 SW 14261
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	Miani Florida 33175
CITY-ST-ZIP			TITLE	Cogant acu
TITLE NAME		☐ Delete .	NAME	James Blanchard Cisneras
STREET ADDRESS			STREET ADDRESS	201 S. Biscayne Blyd 34th Floor
CITY-ST-ZIP			CITY-ST-ZIP	Miami Florida 33131
TITLE		☐ Delete	TITLE	TRPOSULOR Change Addition
NAME			NAME	Suan A. Gomez
STREET ADDRESS		,	STREET ADDRESS	290-174Th Street Apt # 1506
CITY-ST-ZIP		<u>_</u>	CITY-ST-ZIP	Sumy Isles, F1. 33160
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	1
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	·		CITY-ST-ZIP	
12. I hereby of indicated	certify that the information supplied wit on this report or supplemental report	h this filing does not qualify for this true and accurate and that my	e exemption stat signature shall ha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director a tracker of the same legal effects; and that my name appears in Block 10 or Block 11 if

of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: .