

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91899 031 \*\*\*150.00

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

DOCUMENT # P02000070444

1. Entity Name  
**L'ARTE ORIGINALE, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1470 NE 123 STREET</b> Suite, Apt. #, etc. <b>SUITE 507</b> City & State <b>NORTH MIAMI, FL</b> Zip <b>33161</b> Country	3. Mailing Address <b>1470 NE 123 STREET</b> Suite, Apt. #, etc. <b>SUITE 507</b> City & State <b>NORTH MIAMI, FL</b> Zip <b>33161</b> Country
---	---

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>41-2047787</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE  
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CASTOLDI, GIAN LUCA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1470 NE 123 STREET SUITE 507**  
 City **NORTH MIAMI** **FL** Zip Code **33161**

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 \_\_\_\_\_ (NOTE: Signature of Agent is required in order when changing) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	--	---	------------------------------------

11. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>CASTOLDI, GIAN LUCA</b>	STREET ADDRESS <b>1470 NE 123 STREET, SUITE 507</b>	CITY-ST-ZIP <b>NORTH MIAMI, FL. 33161</b>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

CR20034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Gian Luca Castoldi* 5/30/03  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date