FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90318 001 *****8.75
05-02-2003 90318 002 ***150.00

55035679

DOCUMENT # P02000118644

1. Entity Name
ARTE Y PARTE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4950 NW 102 AV.	4950 NW 102 AV.
Suite, Apt. #, etc. Unit 101	Suite, Apt. #, etc. Unit 101
City & State Miami - FL	City & State Miami - Fl
Zip 33178 Country U.S.A	Zip 33178 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0540766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARISOL CORREA

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

4950 NW 102 AV UNIT 101

City MIAMI FL Zip Code 33178

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 Marisol Correa. 4-29-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Required Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is ~~$550.00~~
Amended UBR is $61.25
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

TITLE	P
NAME	MARISOL CORREA
STREET ADDRESS	4950 NW 102 AV UNIT 101
CITY-ST-ZIP	MIAMI - FL 33178
TITLE	V
NAME	VICTOR HUGO MORANT
STREET ADDRESS	4950 NW 102 AV UNIT 101
CITY-ST-ZIP	MIAMI - FL 33178.
TITLE	S
NAME	ALEJANDRO MURCIA
STREET ADDRESS	4950 NW 102 AV UNIT 101
CITY-ST-ZIP	MIAMI - FL 33178
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CR2E034B (12/02)

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

SIGNATURE: Marisol Correa 4-29-03 305-7981680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #