

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0043462 AV

DOCUMENT # P02000129338

1. Entity Name

ESCUELA DE DIBUJO LUIS ORDONEZ, CORP.



03 OCT 27 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3663 SW 8 ST
MIAMI FL 33135

Mailing Address

3663 SW 8 ST
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2003

4. FEI Number

51-466182

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GUERRA, MARCOS A
3663 SW 8 ST
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

10/22/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

TITLE DS
NAME ORDONEZ, LUIS
STREET ADDRESS 3663 SW 8 ST
CITY-ST-ZIP MIAMI FL 33135

☐ Delete

TITLE P
NAME VALFRE, MARCELO
STREET ADDRESS 3663 SW 8 ST
CITY-ST-ZIP MIAMI FL 33135

☒ Delete

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PRESIDENT
NAME BENITO H. PONCE-DE-LEON
STREET ADDRESS 455 S.W. 16 AVE. APT. B11
CITY-ST-ZIP MIAMI FL 33135

☐ Change ☒ Addition

TITLE VICE PRESIDENT
NAME CLAUDIO M. ORDONEZ
STREET ADDRESS 455 S.W. 16 AVE. APT. B11
CITY-ST-ZIP MIAMI FL 33135

☐ Change ☒ Addition

TITLE VICE PRESIDENT
NAME GUSTAVO D. REYES
STREET ADDRESS 455 S.W. 16 AVE. APT. B11
CITY-ST-ZIP MIAMI FL 33135

☐ Change ☒ Addition

TITLE DIRECTOR - TREASURER
NAME DANIEL O. OTERO
STREET ADDRESS 455 S.W. 16 AVE. APT. B11
CITY-ST-ZIP MIAMI FL 33135

☐ Change ☒ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/03

CR2E034 (4/03)