

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

**FILED**  
05 APR 22 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 03000086283.**  
1. Entity Name  
**JMA Art, Design & Creativity**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1550 MADRUGA AVE**  
Suite, Apt. #, etc.  
**409.**  
City & State  
**C.6 FL**  
Zip  
**33146** Country **Dade**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

4. FRI Number  
**200140592**  
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  
**Luis Azuaga**  
Street Address (P.O. Box Number is Not Acceptable)  
**10985 SW 107 ST Apt 217**  
City  
**Miami, FL** Zip Code  
**33176**

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: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**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. ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. AZUAGA LUIS</b> <b>10985 SW 107 ST</b> <b># 217 MIAMI FL 33176</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100054226531</b> <b>05/10/05--01084--008 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **03-31-05** Daytime Phone # **305-279-5852**

CR2E034B (12/01)

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