

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

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 022 ***163.75

DOCUMENT # *PO# 000142795*

1. Entity Name *Lucy Artiles Interiors, INC.*



DO NOT WRITE IN THIS SPACE

50047222

2. Principal Place of Business

1901 BRICKELL AVE

3. Mailing Address

1901 BRICKELL AVE

Suite, Apt. #, etc.

Apt. B810

Suite, Apt. #, etc.

B810

City & State

Mia, FL

City & State

Mia, FL

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

76-D790254

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Lucy Artiles

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

1901 BRICKELL AVE Apt B810

City

Mia, FL

FL

Zip Code

33129

**DO NOT WRITE
IN THIS SPACE**

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

Lucy Artiles (same as before)

4/28/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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
NAME

Lucy Artiles

STREET ADDRESS

1901 BRICKELL AVE B810

CITY-ST-ZIP

Mia, FL 33129

TITLE
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME

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STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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:

Lucy Artiles

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

Daytime Phone #