

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90100 037 ***155.00

0162284

DOCUMENT # P92000002949

1. Entity Name
LA GALERIA FINE ART, INC.

Principal Place of Business 300 MALAGA AVE CORAL GABLES FL 33134 US	Mailing Address 300 MALAGA AVE CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>300 Malaga ave.</i> Suite, Apt. #, etc.	3. Mailing Address <i>300 Malaga ave</i> Suite, Apt. #, etc.
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City & State <i>Coral Gables Fla.</i>	City & State <i>Coral Gables, Fla.</i>
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4. FEI Number: 65-0367778	Applied For <input type="checkbox"/> Not Applicable
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Zip 33134	Country USA	Zip 33134	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RODRIGUEZ, JOSE M
 300 MALAGA AVE
 CORAL GABLES FL 33146**

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

SIGNATURE *Ada Michele Wade* *Ada MICHELE WADE ST* *1/8/2001*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST RODRIGUEZ, JOSE M. 300 MALAGA AVE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WADE, ADA M 300 MALAGA AVE CORAL GABLES FL 33132	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ada Michele Wade* *Ada MICHELE WADE* *1/8/2001* *(305) 444-8201*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/00)