2002	2 UNIF	FORM	I BUSIN	IESS REPO	RT	(UBI	R)						
DOCU	0011238		<u>.</u> -										
1. Entity Nam		UTO PA	ARTS, INC.										
										FILE	D.	نسده سب	
Principal Place of Business 1723 S.W. 32ND AVENUE MIAMI FL 33145				Mailing Address 1723 S.W. 32ND AVENUE MIAMI FL 33145			i i			- FEB 12 Cretary o			
2. Principal Place of Business				3. Mailing Address					•				
Suite, Apt. #, etc.				Suite, Apt. #, etc.						DO NOT WRITE	E IN THIS	SPACE	
City & State	e			City & State				<b>4.</b> F	El Number	65-0375124			Applied For Not Applicable
Zip		Country		Zip	Coun	try		<b>5.</b> C	ertificate of S	Status Desired	īŹ	<b>\$8.75</b> A Fee Requi	
	6. Name	and Addres	s of Current Re	gistered Agent				7. N	ame and Ad	dress of New Re	gistered	Agent	
MADIN A	יייייייייייייייייייייייייייייייייייייי					Name Gu	illen	mo 1	Hernand	lez			
MARIN, ANGEL J					Street A	ddress (P	2.O. Bo	x Number is	Not Acceptable)				
2337 NORTHWEST 31ST STREET MIAMI FL 33142					. 34.	<u>ZU SW</u>	11	7th Cou	<u>irt</u>			<del></del>	
MIAMI FL	_ 33 142					07						1 7:- 0:	
						City Mi.	ami				FL	Zip Co 3:	3175
8. The above	named entity	submits the	statement for th	e purpose of changing its i	egistere			ed age	nt, or both, i	n the State of Flor	ida.		
SIGNATURE.	Gu	uylo	by							2-	11-02	2	
	Signature, typed o	or primed name o	egistered agent and	itle if applicable. (NOTE	Registere	d Agent signat	rite tednited	when rei	nstating)	<del></del> ,,	DATE		
<ul> <li>9. This corporation is eligible to satisfy its Intangib         Tax filing requirement and elects to do so.         (See criteria on back)</li></ul>				FILE NOW!!! FEE IS \$150.0 After May 1, 2002 Fee will be \$5. Make Check Payable to Department			550.00	e		on Campaign Fina Fund Contribution			.00 May Be led to Fees
11.	<u>.</u>	OF	FICERS AND DIF	<u> </u>	12.	1,			DITIONS/CH	ANGES TO OFFIC	CERS AND	D DIRECTO	RS IN 11
TITLE	PD			Delete	TITLE		PSTD	-					Addition
NAME STREET ADDRESS CITY-ST-ZIP	MARIN, AI 2337 NOF MIAMI FL	RTHWEST :	31ST STREET			E Et address -St-Zip		SW	no Hern 117th FL 3 <u>31</u>	Court			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete								☐ Change	e 🔲 Addition
TITLE				☐ Delete	TITLE				···		<del></del>	[] Change	e
NAME STREET ADDRESS					NAM STRE	et address			30	00005 -02/26	Q22	339:	3550
CITY-ST-ZIP			<u> </u>		╂—	-ST-ZIP				-02/26 ****1	702 <del>58.75</del>	***	#159.75
TITLE NAME				☐ Delete	TITLE NAM:							Change	Addition
STREET ADDRESS CITY-ST-ZIP					STRE	- et address -st-zip							
TITLE			<del></del> .	☐ Delete	TITLE		<u> </u>					☐ Change	Addition
NAME	ı				NAM								
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST - ZIP							
TITLE				☐ Delete	TITLE							Change	Addition
NAME				_ 23,474	NAM				-				/
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP		`				M	
13. I hereby of indicated	ertify that the on this report	information or supplem	supplied with thi	s filing does not qualify for e and accurate and that m	the exer	nption star	ted in Sec ave the s	tion 1	19.07(3)(i), F egal effect as	lorida Statutes. I if made under or	further ce ath; that I	rtify that was	information er or director

13. of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2-11-02 Date

Daytime Phone #

CR2E034 (9/01)