2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P94000090638** 1. Entity Name ART GALLERY FRAMES INC. 05-31-2000 90080 047 ***155.00 Principal Place of Business Mailing Address 13727 SW 152ND ST SUITE 106 13727 SW 152ND ST SUITE 106 MIAMI FL 33177-1106 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address 13827 SW 15272 ST 13727 FW 152 nd Suite, Apt. #, etc. Suite #106 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SVITE # 106 Applied For City & State 4. FEI Number City & State 65-0553494 MIAMI Not Applicable Mi A-Mi Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VILLA, LUIS Street Address (P.O. Box Number is Not Acceptable) 17117 SW. 144 CT. MIAMI FL 33177 Zin 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. YRESI BEINT FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PSD TITLE Addition Delete TITLE VILLA LUIS GONZALEZ, MARGARITA NAME 13777 SW 152 nd St Svite#106 NAME STREET ADDRESS STREET ADDRESS 13727 SW 152ND ST SUITE 106 CITY-ST-ZIP MIANI PL 33177 CITY-ST-ZIP MIAMI FL 33177 ☐ Change ☐ Addition TITLE Delete TITLE VILLA, LUIS NAME NAME 13727 SW 152ND ST. STE. 106 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33177** Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(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: 2