Applied For

□ No

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90110 023 ***150.00

DOCUMENT # P95000039876 1. Corporation Name

Country

URIA ART GALLERY INC.

Principa	I Place	of Business

2. Principal Place of Business

1500

Suite, Apt. #, etc.

Z465_SW-112-COURT MIAMI FL 33173

21

22

23

Mailing Address 485 SW 112 COURT HAMI FL 39179

26

27

1500

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

05/19/1995 4. FEI Number

65-0588593

9 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
	9. Hame and Address of Current Registered Ag		81	Name						
URIA	A, FERNANDO J									
7465 SW 112 COURT			82	82 Street Address (P.O. Box Number is Not Acceptable) # 5+						
MIAMI FL 33173				83 83 80 01						
	#II 1 L 33173		63				·			
			84	City	Miami		Fi	85 Zip 9	ode 3143	
					· / · · · ·	 	FL			
office or r	to the provisions of Sections 607.0502 and 607.1508, egistered agent, or both, in the State of Florida. Such im familiar with, and accept the obligations of, Section	change was auth	orized by	the corr	oration's board of direct	ctors. I hereby	accept the appo	intment as re	gistered	
SIGNATURE		x								
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	<u> </u>	nt signature	required when reinstating)		DATE	ID DIDECTA		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS	S/CHANGES 1	O OFFICERS A		RS IN 12 Addition	
TITLE	١ ٥	☐ DELETE	1.1 TITLE					Change	() Modition	
NAME	URIA, FERNANDO J		1.2 NAME			(ر، ک	80 th 6	S ナ		
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CITY-ST-ZIP	MIAMI FL 33173		1.4 CITY-S	T-ZIP	Miami		2014			
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STREET ADDRESS			2.3 STREE	T ADDRESS					}	
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NAME			6.2 NAME					_ •		
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STREET ADORESS	AND THE REST		64 CITY-S						Į.	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

20101 SIGNING OFFICER OR DIRECTOR

3*05 66#*}3706