

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068837

1. Entity Name

CUBAN COLLECTIONS FINE ARTS, INC.

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90332 036 ***150.00

Principal Place of Business

Mailing Address

~~1804 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33134~~

~~1804 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33134~~

2. Principal Place of Business

3. Mailing Address

1645 S.W. 40 Ave. 1645 S.W. 40 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami - Florida Miami - Florida

Zip

Country

Zip

Country

33134 U.S.A. 33134 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, MAGDA

~~1804 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33134~~

Name

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

1645 S.W. 40th Avenue

City

Miami

FL

Zip Code

33134

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

Magda Trujillo Magda Trujillo

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 PDS
NAME TRUJILLO, MAGDA ☐ Delete
STREET ADDRESS ~~1804 PONCE DE LEON BLVD.~~
CITY-ST-ZIP ~~CORAL GABLES FL~~

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1645 S.W. 40th Avenue
CITY-ST-ZIP Miami - Florida 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Magda Trujillo Magda Trujillo, Pres. 2/20/01 (305) 442-7932.

Date

Daytime Phone #

CR2E034 (10/00)

0163087