

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90073 037 ***150.00

DOCUMENT # P97000004183

1. Entity Name
LATIN AMERICAN ART ASSOCIATION-LART-CORP.

Principal Place of Business

P.O. BOX 403021
 MIAMI BEACH FL 33140

Mailing Address

P.O. BOX 403021
 MIAMI BEACH FL 33140

2. Principal Place of Business

838 S Miami Ave.

3. Mailing Address

P.O. Box 403021

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI Beach FL.

City & State

Miami FL.

City & State

4. FEI Number

65-0742015

Applied For

Not Applicable

Zip

Country

Zip

Country

33130

33140

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VEGA, RAFAEL

4747 COLLINS AVE.

APT. 1007

MIAMI BEACH FL 33140

Name

VEGA RAFAEL

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

100 Bayview Dr. apt 117

Sunny Isles Beach

City

FL

Zip Code

33160

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 **Gloria Vega** **GLORIA VEGA**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

04 16.02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **VEGA, RAFAEL**
 CITY-ST-ZIP **4747 COLLINS AVE. APT. 1007**
MIAMI BEACH FL 33140

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

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **VEGA, GLORIA**
 CITY-ST-ZIP **4747 COLLINS AVE., APT. 1007**
MIAMI BEACH FL 33140

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 of 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Vega

04.16.02

Daytime Phone # **ed 786-2688930**

CR2E034 (9/01)