

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State
 05-21-2000 90004 009 ***150.00

DOCUMENT # **P98000008330**

1. Entity Name

A-R-T Construction Enterprises, Inc.

Principal Place of Business Mailing Address **Same**
4507 S.W. 75 Avenue
Miami, FL 33155

2. Principal Place of Business Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number Applied For
☒ Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

844011

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **W. Tatiana del Rey**
 Street Address (P.O. Box Number is Not Acceptable)
4507 SW 75 Ave.
 City **Miami** **FL** Zip Code **33155**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/4/00

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, 2000 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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Norfa Edith Jelves
CITY-ST-ZIP	14358 SW 172 Lane
	Miami FL 33177
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President
STREET ADDRESS	Rodrigo A. Jelves
CITY-ST-ZIP	4507 SW 75 Ave
	Miami FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman & Director
STREET ADDRESS	Armando S. Jelves
CITY-ST-ZIP	14358 SW 172 Lane
	Miami, FL 33177
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer & Secretary
STREET ADDRESS	Walescka Tatiana del Rey
CITY-ST-ZIP	7005 SW 138 Ct.
	Miami FL 33183
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Managing Director
STREET ADDRESS	Adolfo A. Jelves
CITY-ST-ZIP	4507 SW 75 Ave.
	Miami FL 33155
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/4/00

Date

(305) 525-3081

Daytime Phone #

CR2E034 (9/99)