

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90066 003 \*\*\*150.00

**DOCUMENT # P98000052887**

1. Entity Name  
**ARTS MAGNA, INC.**

Principal Place of Business  
**1221 BRICKELL AVENUE**  
**SUITE 1070**  
**MIAMI FL 33131**

Mailing Address  
**1221 BRICKELL AVENUE**  
**SUITE 1070**  
**MIAMI FL 33131**



2. Principal Place of Business  
**1221 Brickell Av. 9th floor**

3. Mailing Address  
**1221 Brickell Av. 9th Floor**

Suite, Apt. #, etc.  
**9th floor**

Suite, Apt. #, etc.  
**9th floor**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33131**

Country

Zip  
**33131**

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0860714**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

**HOLMES, STELLA M**  
**1221 BRICKELL AVENUE**  
**SUITE 1070 9th floor**  
**MIAMI FL 33131**

## 7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip 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.

SIGNATURE

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, 2002 Fee will be \$250.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PS**  
**HOLMES, STELLA M**  
**1925 BRICKELL AVE., PH-9**  
**MIAMI FL 33129**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
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 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/2/02**

Date

Daytime Phone #

CR2E034 (9/01)