

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000059925

1. Entity Name

FLORIDA ART MANUFACTURING ENTERPRISES INC.

Principal Place of Business

340 SW 17 ROAD  
MIAMI FL 33129

Mailing Address

340 SW 17 ROAD  
MIAMI FL 33129

2. Principal Place of Business  
P. O. BOX 450159

3. Mailing Address  
P.O. BOX 450159

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip  
33245

Country  
USA

Zip  
33245

Country  
USA

4. FEI Number

65-0852172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CRUZ, FELIX D  
780 NW LE JEUNE ROAD  
SUITE 427  
MIAMI FL 33129

7. Name and Address of New Registered Agent

Name Address correction

CRUZ, Felix D  
Street Address (P.O. Box Number is Not Acceptable)

782 NW LeJeune Road

Suite 439

City  
Miami

FL

Zip Code  
33126

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, 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 D ☒ Delete  
NAME VALDES, FABIOLA M  
STREET ADDRESS 342 S.W. 17TH ROAD  
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☒ Change ☐ Addition  
NAME VALDES, F.M.  
STREET ADDRESS 340 SW 17th Road  
CITY-ST-ZIP Miami, Florida 33129

TITLE D ☒ Delete  
NAME ZAMORA, JORGE L  
STREET ADDRESS 340 SW 17 ROAD  
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☒ Change ☐ Addition  
NAME CALDEVILLA, F.Y.  
STREET ADDRESS 340 SW 17th Road  
CITY-ST-ZIP Miami, Florida 33129

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F.M. Valdes, Director

4/23/01

(305) 978-8504

Date

Daytime Phone #

0148030

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE