

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91273 020 ***158.75

DOCUMENT # P98000074425

1. Entity Name
DIGITART, INC.



Principal Place of Business

~~2050 CORAL WAY~~
~~SUITE 300-A~~
~~MIAMI FL 33145~~

Mailing Address

8201 NW 66 ST
SUITE 3
MIAMI FL 33166

2. Principal Place of Business

1228 West Ave - Apt. 314

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Zip Country

33139 FL.

4. FEI Number

65-0859684

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLABONA, MARCELO

~~2050 CORAL WAY~~

~~SUITE 300-A~~

~~MIAMI FL 33145~~

7. Name and Address of New Registered Agent

Name

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

1228 West Ave - Apt. 314

City

Miami

FL

Zip Code

33139

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Marcelo Villabona**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: **PVST** ☐ Delete
NAME: **VILLABONA, MARCELO**
STREET ADDRESS: **2050 CORAL WAY SUITE 300-A**
CITY-ST-ZIP: **MIAMI FL 33145**

TITLE: **D** ☐ Delete
NAME: **VALLE, CAROL**
STREET ADDRESS: **2050 CORAL WAY SUITE 300-A**
CITY-ST-ZIP: **MIAMI FL 33145**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: **1228 West Ave, Apt. 314**
CITY-ST-ZIP: **Miami Beach, FL. 33139-4384**

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: **1228 West Ave, Apt. 314**
CITY-ST-ZIP: **Miami Beach, FL. 33139-4384**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Marcelo Villabona** **REQUIRED President.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/03

(305) 857-9414

CR2E034 (10/02)