

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90977 003 ***158.75

DOCUMENT # P98000097995

1. Entity Name
VIE & ART COLLECTIONS, INC.



Principal Place of Business
**441 N.E. 195TH STREET
#304
N. MIAMI BEACH FL 33179**

Mailing Address
**P.O. BOX 530194
MIAMI SHORES FL 33153**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0877133**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VIARD, EMILE
441 NE 195TH ST, #304
NORTH MIAMI BEACH FL 33179**

Name **Emile Viard**
Street Address (P.O. Box Number is Not Acceptable)
441 NE 195th Street #304
City **North Miami Beach FL** Zip Code **33179**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **VIARD, EMILE**
STREET ADDRESS **441 NE 195TH ST, #304**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

TITLE **T** ☒ Delete
NAME **MERCIER, REGINE**
STREET ADDRESS **12241 S.W. 113 LANE**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☒ Change ☐ Addition
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

TITLE **SV** ☐ Delete
NAME **SYLVESTRE, BETTY**
STREET ADDRESS **661 N.E. 195TH STREET #210**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

TITLE **MD** ☐ Delete
NAME **VIARD, JEAN-YVES**
STREET ADDRESS **525 NE 107TH ST**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

TITLE **S** ☐ Delete
NAME **GUILLAUME, ANDRE**
STREET ADDRESS **525 N.E. 107 STREET**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

TITLE ☐ Delete
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

TITLE ☐ Change ☐ Addition
NAME **France Alcena**
STREET ADDRESS **6930 SW 24th Street**
CITY-ST-ZIP **Miramar FL 33023**

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 another like empowered.

SIGNATURE:

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

4/29/03
Date

(305) 7593050
Daytime Phone #

CR2E034 (10/02)