

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014067

1. Entity Name

ART POTTERY DESIGN, INC.

**FILED**  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90373 014 \*\*\*150.00

Principal Place of Business

Mailing Address

351 NW 82ND AVENUE  
NO. 1107  
MIAMI FL 33126

351 NW 82ND AVENUE  
NO. 1107  
MIAMI FL 33126-8347

2. Principal Place of Business

351 NW 82ND AVENUE  
Suite, Apt. #, etc.  
NO. 1107

3. Mailing Address

351 NW 82ND AVENUE  
Suite, Apt. #, etc.  
NO. 1107

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

Zip

33126

Country

EEUU

Zip

33126

Country

EEUU

4. FEI Number

65-0900204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PESTANA, JAVIER  
351 NW 82ND AVENUE  
NO. 1107  
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

RAFAEL A CASTILLO

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

351 NW 82 Ave #1107

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, 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PESTANA, JAVIER	
STREET ADDRESS	2938 NW 99TH COURT	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CASAS, BERNARDO	
STREET ADDRESS	10202 S.W. 84TH COURT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASTILLO, RAFAEL	
STREET ADDRESS	351 NW 82ND AVE NO. 1107	
CITY-ST-ZIP	MIAMI FL 33126	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFAEL Angel CASTILLO	
STREET ADDRESS	351 NW 82 Ave #1107	
CITY-ST-ZIP	MIAMI - FLORIDA 33126	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILLO, JAGER	
STREET ADDRESS	351 NW 82 Ave #1107	
CITY-ST-ZIP	MIAMI - FLORIDA 33126	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

RAFAEL CASTILLO SD 04-30-2000 305-267-4792

CR2E034 (9/99)