

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91529 012 ***150.00

DOCUMENT # P99000025597

1. Entity Name

Artugal INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7368 NW 12 St

Suite, Apt. #, etc.

3. Mailing Address

7368 NW 12 St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0916408

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Manuel Mesa

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

1000 Brickell AVE

City

Miami

FL

Zip Code

33131

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 Director
NAME Manuel V. Sandoval
STREET ADDRESS 7368 NW 12 St
CITY- ST- ZIP Miami FL 33126

TITLE Director
NAME Aurora Sandoval
STREET ADDRESS 7368 NW 12 St
CITY- ST- ZIP Miami FL 33126

TITLE Treasurer
NAME Johan Sandoval
STREET ADDRESS 7368 NW 12 St
CITY- ST- ZIP Miami FL 33126

TITLE Secretary
NAME Sandy Sandoval
STREET ADDRESS 7368 NW 12 St
CITY- ST- ZIP Miami, FL 33126

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandy Sandoval
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/02 (786) 845-9343
Date Daytime Phone #

CR2E034B (12/01)