

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036284

1. Entity Name

NEUMAN FINE ARTS CORP. N/c 2-9-2000 ✓

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90039 006 ***150.00

Principal Place of Business

Mailing Address

1390 BRICKELL AVE. SUITE 200 1390 Brickell Ave. Ste 200
Miami, FL 33131 Miami FL 33139

2. Principal Place of Business

2800 PONCE DE LEON BLVD.

3. Mailing Address

2800 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

CORAL GABLES, FL 33134

Suite, Apt. #, etc.

CORAL GABLES, FL 33134

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0917023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARO CASTILLO B P.A.
1390 BRICKELL AVE. SUITE 200
MIAMI FL 33131

Name

HECTOR NEUMAN

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

2800 PONCE DE LEON BLVD.

CORAL GABLES, FL 33134

City

CORAL GABLES

FL

Zip Code

33134

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.

HECTOR NEUMAN TERAN

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TERAN, HECTOR NEUMAN	
STREET ADDRESS	1390 BRICKELL AVE. STE 200	
CITY-ST-ZIP	MIAMI-FL-33131	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZEVALLOS FERRAND, RAUL ORTIZ DE	
STREET ADDRESS	1390 BRICKELL AVE.	
CITY-ST-ZIP	MIAMI FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRUTSKI, DANIEL BRODSKY	
STREET ADDRESS	1390 BRICKELL AVE. STE 200	
CITY-ST-ZIP	MIAMI FL 33131	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2800 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		
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:

HECTOR NEUMAN TERAN

5/1/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)