

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED

02 JUL 30 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900006978149--1
-08/08/02--01062--018
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000069896
1. Entity Name
Arteauction Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 398655
Suite, Apt. #, etc.
City & State
Miami Beach, FL
Zip
33239
Country

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-0951065
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name
Tachmes, Alexander I, esq.
Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street, suite 3920
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	NAME	STREET ADDRESS	CITY-ST-ZIP
	DP	Lumbreras Francisco J.	100 SE 2nd St, Ste 3920 Miami, FL 33131
	Delete	Castillo, David	from list of officers

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IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Francisco J. Lumbreras 7/26/02 305. 531-1121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)