

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000093047

1. Entity Name

WEST END FINE ART, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90017 008 ***150.00

Principal Place of Business

Mailing Address

5359 N STATE ROAD 7
TAMARAC FL 33319

5359 N STATE ROAD 7
TAMARAC FL 33319-2919

2. Principal Place of Business

3. Mailing Address

5359 N State Rd 7

2000 Harrison St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac Florida

City & State

Hollywood, FL

4. FEI Number

65 0956090

Applied For

Not Applicable

Zip

33319

Country

Broward

Zip

33020

Country

Broward

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VITRO, SALVATORE
5359 N STATE ROAD 7
TAMARAC FL 33319

Name

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

City

FL

Zip Code

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	VD	<input type="checkbox"/> Delete
NAME	VITRO, SALVATORE	
STREET ADDRESS	5359 N STATE ROAD 7	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANTAR, HOSSAM	
STREET ADDRESS	19701 E COUNTRY CLUB DR #303	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RESTREPO, GERMAN	
STREET ADDRESS	11740 SW 112 PL	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALTAMIRANO, RONALDO	
STREET ADDRESS	17020 NW 54 CT	
CITY-ST-ZIP	MIAMI FL 33057	
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	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Enrique Cayeiro	
STREET ADDRESS	130 S. Shore Drive #30	
CITY-ST-ZIP	Miami Bch, FL 33141	
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 #

305650 2553

CR2E034 (9/99)