

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000106450**

1. Entity Name

ART & CULTURE, INC.

Principal Place of Business

**202 SMOKERISE BLVD.
LONGWOOD FL 33178**

Mailing Address

**202 SMOKERISE BLVD.
LONGWOOD FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

32779

Country

Zip

32779

Country

4. FEI Number

65-0973946

Applied For

Not Applicable

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

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

ENRIQUE GONZALEZ

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

202 SMOKERISE BLVD.

City

LONGWOOD**FL**

Zip Code

32779

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

ENRIQUE GONZALEZ

(NOTE: Registered Agent signature required when reinstating)

2/6/01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PSD	GONZALEZ, ENRIQUE	10889 NORTHWEST 58TH TERRACE	MIAMI FL 33178	<input type="checkbox"/>

VTD	GOMEZ, PATRICIA M	10889 NORTHWEST 58TH TERRACE	MIAMI FL 33178	<input type="checkbox"/>
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				<input type="checkbox"/>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		202 SMOKERISE BLVD	LONGWOOD, FL. 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>

		202 SMOKERISE BLVD	LONGWOOD, FL. 32779	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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

ENRIQUE GONZALEZ 2/6/01 (407)389-1016

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)