## FILED Jan 23, 2003 8:00 am

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

ONIT OTHER BOOTNESS THE OTHER CODIN							00 0.0	
DOCU 1. Entity Nan ARTISTIC			Secretary of State 01-23-2003 90200 044 ***150.00					
Principal Place of Business  1091 E. 26 ST.  HIALEAH FL 33013  US  1091 E. 26 ST.  HIALEAH FL 33013  US  2. Principal Place of Business  3. Mailing Address					CHECK HERE IF MAKING CHANGES			
2. Principal F 6990 Suite, Apt.	35 Ave.							
	·	·				TECK HENC IF WA		
Miami, Fl. State Miami,			Fl.		4. FEI Number 65	0363091	Ne	oplied For ot Applicable
331	47 Minmi Dade	33/47	Dinmi L	)nde	5. Certificate of Sta		Fee Require	ditional ed
6. Name and Address of Current Registered Agent Name Name 1					7. Name and Address of New Registered Agent			
ANGEL CA	Street Address (P.O. Box Number is Not Acceptable)							
; SUITE 450		700	200	2/	77.			
CORAL GA	City )	1 <u>70</u> Oin	7 1100	551	FL Zinger	3140		
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or	registere	d agent, or both, in th	e State of Florida.	I am familiar with,	and accept
the obligations of registered gent.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	ILE NOW!!! FEE IS \$150.00	o tute il applicable. (NOTE:	registered Agent signati	ne rednited /	when reinstating)	·		
Afte				Campaign Financir d Contribution.	· _ +	May Be to Fees		
10.	C Payable to Florida Department of SOFFICERS AND D		11.		ADDITIONS/CHAN	GES TO OFFICERS	S AND DIRECTOR	S IN 11
TITLE	PTD	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	ARENCIBIA, ROBERTO		NAME					
STREET ADDRESS CITY-ST-ZIP	748 E. 53 ST. HIALEAH FL 33013		STREET ADDRESS CITY-ST-ZIP					
TITLE	MV	Delete	TITLE			<del></del>	☐ Change	☐ Addition
	ARENCIBIA, ALEXANDER		NAME				_ ·	
STREET ADDRESS CITY-ST-ZIP	748 E. 53 ST. HIALEAH FL 33013		STREET ADDRESS CITY-ST-ZIP					
TITLE	SVD	Delete	TITLE				Change _	☐ Addition
NAME	ARENCIBIA, YRMA C	. <u></u> <u></u> <u></u>	NAME		ಗೆ ಪ್ರಾಥಾಣ ಕ್ಷ್ಮಾನ್ ಬಿಡ್ಡಾಗ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್ ಕ್ಷ್ಮಾನ್	≗ಾಬ್⊸- ಇಸ್ಸ್ನ	<u>_</u> <u></u>	
STREET ADDRESS CITY-ST-ZIP	748 E. 53 ST.		STREET ADDRESS CITY-ST-ZIP					
TITLE	HIALEAH FL 33013 MV Arenci bia	Delete	TITLE		150.05:1-1	2 0 -1	) Ki Change	☐ Addition
NAME	ARENEISIN) ROBERTO JR	C Delete	NAME		rencibio 3920 E tialeah	L MODER	40 JE	L_1 Acquion
STREET ADDRESS	3920 E 10TH AVE		STREET ADDRESS	73	1'01 ol	10 404	012	Ì
CITY-ST-ZIP	HIALEAH FL 33013	П рын	CITY-ST-ZIP	<u> </u>	TIMPEUN	<u>,rc 33</u>	Change	Addition
TITLE NAME		☐ Delete	TITLE NAME				∟1 cuange	L_J MUDITOTI
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		Delete	TITLE NAME				Change	Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE: SIGNATURE REOLBOBOTO PRONCIBIR 1-17-03 305-8360449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

STREET ADDRESS

CITY-ST-ZIP

3