2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State
02-06-2001 90336 015 ***150.00

619136

DO NOT WRITE IN THIS SPACE

DOCUMENT # 548509

1. Entity Name

FRIEDLAND ART INCORPORATED

Principal Place of Business	Mailing Address
2875 NE 191ST STREET STE 801 AVENTURA FL 33180 US	2875 NE 191ST STREET STE 801 AVENTURA FL 33180 US

2. Principal Place of Business		3. Mailing Address	
2875 NE 191st Street		2875 NE 191st Street	
Suite, Apt. #, etc.: Ste 900		Suite, Apt. #, etc.: Ste 900	
City & State: Aventura, FL 33180		City & State: Aventura, FL 33180	
Zip: 33180	Country: USA	Zip: 33180	Country: USA

4. FEI Number 59-1806119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOCK, LARA
19904 NE 19 PLACE
MIAMI FL 33179

7. Name and Address of New Registered Agent

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], LARA BLOCK President DATE 2/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BLOCK, LARA 19904 NE 19 PLACE MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDLAND, DION R 28 SLOANE ST MARLD HOUSE LONDON SW1, ENGLAND	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] 2/1/01 305 935 7544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #