

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90329 035 ***150.00

DOCUMENT # P00000079321

1. Entity Name
MAC FINE ART CORP.

Principal Place of Business	Mailing Address
100 S.E. SECOND STREET SUITE 2150 MIAMI FL 33131	100 S.E. SECOND STREET SUITE 2150 MIAMI FL 33131

2. Principal Place of Business 298 BRYAN RD	3. Mailing Address 298 BRYAN RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DANIA BEACH FL.	City & State DANIA BEACH FL
Zip 33008	Zip 33004
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEJ Number ~~051032~~ **65-1032637** 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

ENGELS, MARTIN
100 S.E. SECOND STREET
SUITE 2150
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
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	Change	Addition
<input checked="" type="checkbox"/> Delete	ENGELS, MARTIN	100 S.E. SECOND STREET #2150	MIAMI FL 33131	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	D COHEN, MARY A.	298 BRYAN RD	DANIA BEACH FL 33028	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

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]* **4/19/01** **834 4310732**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime/Phone #

CP2E034 (10/00)