

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000034723**

1. Entity Name

HAMILTON FINE ART & AUCTIONS, INC.

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90031 049 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**7424 BIG CYPRESS DR
MIAMI LAKES FL 33014**

Mailing Address
**7424 BIG CYPRESS DR
MIAMI LAKES FL 33014**

2. Principal Place of Business
1271 NW 110TH AVE

3. Mailing Address
1271 NW 110TH AVE

City & State
PLANTATION, FL

City & State
PLANTATION, FL

Zip
33322

Country

Zip
33322

Country

4. FEI Number
65-0660744

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HAMILTON, JANICE A
7424 BIG CYPRESS DR
MIAMI LAKES FL 33014**

7. Name and Address of New Registered Agent

Name
JANICE HAMILTON

Street Address (P.O. Box Number is Not Acceptable)
1271 NW 110TH AVE

City
PLANTATION

FL Zip Code
33322

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]**

(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, 2002 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	PVST HAMILTON, JANICE A 7424 BIG CYPRESS DR MIAMI LAKES FL 33014	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, JANICE A 7424 BIG CYPRESS DR MIAMI LAKES FL 33014	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAMILTON, JANICE 1271 N.W. 110TH AVE PLANTATION, FL 33322	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME - (ADDRESS CHANGE)	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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]** **SECRETARY REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/1/02** (954) 370-8859

Daytime Phone #

CR2E034 (9/01)