

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90009 024 ***150.00

DOCUMENT # P97000068183

1. Entity Name

ANCIENT MOSAIC STUDIOS, INC.

Principal Place of Business 14650 NW 24TH CT OPA-LOCKA FL 33154	Mailing Address 14650 NW 24TH CT OPA-LOCKA FL 34947-1771
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A0011627



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4106 MARIAN Circle	3. Mailing Address 4106 MARIAN Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State FT. Pierce, FL	City & State FT. Pierce, FL	4. FEI Number 65-0785228	Applied For <input type="checkbox"/>
Zip 34947	Country ST. LOUIS	Zip 34947	Country ST. LOUIS

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HOROWITZ, STUART A
20 PARK DR., #4
BAL HARBOR FL 33154

7. Name and Address of New Registered Agent

Name **STUART A. HOROWITZ**
 Street Address (P.O. Box Number is Not Acceptable)
4106 MARIAN Circle
FT. Pierce, FL
 City **FL** Zip Code **34947**

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 **S. Horowitz** **S. Horowitz** **1/21/00**
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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	P HOROWITZ, STUART A 14650 NW 24TH CT OPA-LOCKA FL 33054 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STUART A. HOROWITZ 4106 MARIAN Circle FT. Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **S. Horowitz** **RECSHRIP Horowitz** **1/21/00** **(861) 460 314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #