

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90209 001 ***450.00

DOCUMENT # 518904
1. Entity Name
GALLERY ART GROUP, Inc

DO NOT WRITE IN THIS SPACE

80349

2. Principal Place of Business
20633 Biscayne Blvd
Suite, Apt. #, etc.

3. Mailing Address
20633 Biscayne Blvd
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Aventura FL

City & State
Aventura, FL 33180

Zip
33180

Country
DADE

Zip
33180

Country
Dade

4. FEI Number
591762098

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
KEN HENDEL

Street Address (P.O. Box Number is Not Acceptable)
20633 Biscayne Blvd

City
Aventura **FL** Zip Code
33180

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)
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)

January 1 - May 1 Fee is \$180.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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 P	KEN HENDEL - Pres.
NAME	20633 Biscayne Blvd
STREET ADDRESS	Aventura, FL 33180
CITY-ST-ZIP	
TITLE	V.P.
NAME	AMY HENDEL
STREET ADDRESS	1945 S NE 5TH CT
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2002
Date

Daytime Phone #