2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am DOCUMENT # 264852 1. Entity Name Secretary of State ROBERT'S AUCTION GALLERIES, INC. 05-11-2000 91422 039 ***150.00 Principal Place of Business Mailing Address 701 LAKE AVE 701 LAKE AVE LAKE WORTH FL 33460 LAKE WORTH FLA 33480-6301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 3600 500 Applied For 4. FEI Number 59-0980944 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DIAMOND.ROBERT S Street Address (P.O. Box Number is Not Acceptable) 701 LAKE AVE LAKE WORTH FL 33460 AUM BEACH 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITL F ☐ Delete TITLE DIAMOND.ROBERT S NAME 2600 S OCEAN BLUD #204 PALM BEACH, FL 33480 701 LAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Delete TITLE TITLE DIAMOND, LINDA C NAME NAME CLEMATIS ST, STE 407 STREET ADDRESS 701 LAKE AVE STREET ADDRESS PAUM BEACH FL 33401 CITY-ST-ZIP CiTY-ST-7IP LAKE WORTH FL **Change** ☐ Addition ☐ Delete TITLE DIAMOND, JEFFERY H NAME NAME 312 CLEMATIS ST, STE 407 STREET ADDRESS STREET ADDRESS 701 LAKE AVE WEST PALM BEACH, FL 3 3401 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

SIGNATURE