2000	UNIFORM BUS	INESS REPOR	T (UBR))			
DOCUMENT # 643971 1. Entity Name					FILED Jan 22, 2000 8:00 am		
ROSENB	aum fine art, inc.				Secretary	of Sta	te
Principal Place	of Business	Mailing Address			01 22 2 000 3 000 3		
		150 NW 51ST STREET BOCA RATON FL 33431-4226			v	v ~	
2. Principal Pl	ace of Business	3. Mailing Address	, , , , , , , , , , , , , , , , , , , 				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	load	-	DO NOT WRITE IN TH		
City & State		Bois Raton 9	L	4. 1	59-1950495		plied For Applicable
Zip	Country	33431-4226	Country	. 5. (Certificate of Status Desired	- \$8.75 Add Fee Required	itional
<u>33431-\</u>	6. Name and Address of Curren			7. 1	Name and Address of New Register	ed Agent	
		·	Name		,		
ROSENBAUM, MARVIN 150 NW 51ST ST			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
BOC	A RATON FL 33431					■• Jin Code	
			City	FL Zip Code			
SIGNIATURE	named entity submits this statement (gistered office or re				
	Signature, typed or printed name of registered ager		FEE IS \$150.00				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so.			Fee will be \$550	0.00 of State	10. Election Campaign Financing Trust Fund Contribution.	☐ Ådded	May Be to Fees
11.,	OFFICERS ANI		12.	AC	DDITIONS/CHANGES TO OFFICERS		S IN 11 Addition
TITLE NAME	DP ROSENBAUM, HOWARD	☐ Deløte	TITLE NAME			☐ Change	
STREET ADDRESS CITY-ST-ZIP	150 NW 51ST ST BOCA RATON FL		STREET ADDRESS City-St-Zip				
TITLE	STD ROSENBAUM, MARVIN	☐ Delete	TITLE NAME	,		Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	150 NW 51ST ST BOCA RATON FL	أوالجيور الأراب المرازات	STREET ADDRESS CITY-ST-ZIP	-		-	-
TITLE	BOOK PATONTE	☐ Delete	TITLE NAME			☐ Change	☐ Addition
NAME Street Address			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP			Change	Addition
TITLE NAME	*	Delete	TITLE NAME			onango	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	Į.		CITY-\$T-ZIP				

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 trustae 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;