2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State
01-16-2002 90047 035 ***150.00

DOCUMENT # 655447

1. Entity Name
ART CONNECTION, INC.

Principal Place of Business	Mailing Address
19500 N.E. 38TH COURT #26C NORTH MIAMI BEACH FL 33180	19500 N.E. 38TH COURT #26C NORTH MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2000 Island Blvd	2000 Island Blvd
Suite, Apt. #, etc.: Suite 309	Suite, Apt. #, etc.: Suite 309
City & State: Aventura FL	City & State: Aventura FL
Zip: 33160 Country: USA	Zip: 33160 Country:

4. FEI Number 59-1981481 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSENWASSER, BRUCE 19500 TURNBAY WAY 26 C N. MIAMI BEACH FL 33180 →	Name: Bruce Rosenwasser Street Address (P.O. Box Number is Not Acceptable): 2000 Island Blvd # Suite 309 City: Aventura FL Zip Code: 33160

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 Bruce Rosenwasser Bruce Rosenwasser 1-5-2002
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROSENWASSER, BRUCE ~~19500 NE 38 CT 26 C~~ ~~N. MIAMI BEACH FL~~ 2000 Island Blvd Suite 309 Aventura FL 33160	☐ Delete	→	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 REQUIRED Bruce Rosenwasser Pres. 1-5-2002 (305) 625-4171 EXT 1125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)