2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State
04-13-2001 90081 045 ***150.00

0166931

DOCUMENT # G99293

1. Entity Name
TURNING POINT GALLERY, INC.   AKA JONAS GERARD FINE ART

Principal Place of Business	Mailing Address
%JONAS GERARD 165 NE 24 STREET MIAMI FL 33137	%JONAS GERARD 165 NE 24 STREET MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5582-1 NE4 ct		SAME	
Suite, Apt. #, etc.: #1		Suite, Apt. #, etc.: Same	
City & State: Miami FL		City & State: Same	
Zip: 33137	Country: Dade	Zip: Same	Country: Same

4. FEI Number 02-0335806 ☐ 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
ATRIUM REGISTERED AGENTS INC 1500 SAN REMO AVENUE STE. 125 CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 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, 2001 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	PD	TITLE	Same ☒ Change ☐ Addition
NAME	GERARD, JONAS	NAME	Same
STREET ADDRESS	165 NE 24 ST ☐ Delete	STREET ADDRESS	5582-1 NE245t
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miami FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: JONAS GERARD 1/4/01 305 ~~576-9164~~ 762-7399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #