

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H81665

1. Entity Name

ART'S GOLD CONNECTION, INC.

Principal Place of Business

10051 N.W. 39TH COURT  
CORAL SPRINGS FL 33065

Mailing Address

10051 N.W. 39TH COURT  
CORAL SPRINGS FL 33496-2748

2. Principal Place of Business

5875 NW 42 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

5875 NW 42 TERRACE

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

4. FEI Number

59-2703483

Applied For

Not Applicable

Zip

33496

Country

USA

Zip

33496

Country

USA

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

BROWNER, ARTHUR P.  
10051 N.W. 39TH COURT  
CORAL SPRINGS FL 33065

Name

BROWNER, ARTHUR P.

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

5875 NW 42 TERRACE

City

BOCA RATON

FL

Zip Code

33496

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, 2000 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          | D                     | <input type="checkbox"/> Delete |
| NAME           | BROWNER, JULIUS H.    |                                 |
| STREET ADDRESS | 938 NE 62ND ST        |                                 |
| CITY-ST-ZIP    | FT LAUDERDALE FL      |                                 |
| TITLE          | PST                   | <input type="checkbox"/> Delete |
| NAME           | BROWNER, ARTHUR P.    |                                 |
| STREET ADDRESS | 10051 N.W. 39TH COURT |                                 |
| CITY-ST-ZIP    | CORAL SPRINGS FL      |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BROWNER, ALICIA       |                                 |
| STREET ADDRESS | 10051 NW 39TH CT      |                                 |
| CITY-ST-ZIP    | CORAL SPGS FL         |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BROWNER, IVAN         |                                 |
| STREET ADDRESS | 10051 NW 39TH CT      |                                 |
| CITY-ST-ZIP    | CORAL SPGS FL         |                                 |
| TITLE          | D                     | <input type="checkbox"/> Delete |
| NAME           | BROWNER, STEVEN       |                                 |
| STREET ADDRESS | 10051 NW 39TH CT      |                                 |
| CITY-ST-ZIP    | CORAL SPGS FL         |                                 |
| TITLE          |                       | <input type="checkbox"/> Delete |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                       |  |
| STREET ADDRESS | 5875 NW 42 TERRACE    |  |
| CITY-ST-ZIP    | BOCA RATON, FL. 33496 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-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 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: ARTHUR P. BROWNER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1/21/00 954 992 4200  
Daytime Phone #

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90203 026 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)