

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000011614

1. Entity Name
ART OF LOVE, INC.

Principal Place of Business
 2878 DONNELLY DR #210
 LANTANA FL 33462

Mailing Address
 2878 DONNELLY DR #210
 LANTANA FL 33462

2. Principal Place of Business
 6328 LONGBOAT LN
 #B102

3. Mailing Address
 6328 LONGBOAT LN
 #B102

Suite, Apt. #, etc.
 #B102

Suite, Apt. #, etc.
 #B102

City & State
 BOCA RATON FL

City & State
 BOCA RATON FL

4. FEI Number
36-4343780

Applied For
 Not Applicable

Zip Country
 33433

Zip Country
 33433

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MAGODIC ADIS
 2878 DONNELLY DR #210
 LANTANA FL 33462

7. Name and Address of New Registered Agent

Name
 MAGODIC ADIS

Street Address (P.O. Box Number is Not Acceptable)
 6328 LONGBOAT LN
 #B102

City BOCA RATON FL Zip Code 33433

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 _____ DATE **01/19/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRBOVIC FARUK 2878 DONNELLY DR #210 LANTANA FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGODIC ADIS 2878 DONNELLY DR #210 LANTANA FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRBOVIC FARUK 6328 LONGBOAT LN #B102 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGODIC ADIS 6328 LONGBOAT LN #B102 BOCA RATON FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ADIS MAGODIC **D** 01/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/00)