

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91745 002 ***150.00

DOCUMENT # **P00000043416**
1. Entity Name
ART UNIVERSE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
503 N. MISSOURI
Suite, Apt. #, etc.
City & State
Clearwater, FL
Zip
33755 Country
USA

3. Mailing Address
1371 N. Ave 46
Suite, Apt. #, etc.
City & State
Los Angeles, CA
Zip
90041 Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3751214 Applied For
Not Applicable

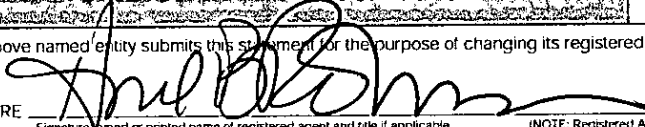
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Harold Robinson
Street Address (P.O. Box Number is Not Acceptable)
503 N. MISSOURI Ave
City
Clearwater FL Zip
33755

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)

5/9/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	CEO HAROLD ROBINSON 503 N. MISSOURI AVE CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CIO RICHARD BERMAN 3737 DIVISION LA, CA 90065
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/02 (727) 515-0318
Date Daytime Phone #

CR2E034B (12/01)