

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90034 032 \*\*\*150.00

**DOCUMENT # P00000070073**

1. Entity Name  
**ADVANCE FINE ART INC.**

Principal Place of Business      Mailing Address  
**1813 AUDREY DRIVE      1813 AUDREY DRIVE**  
**CLEARWATER FL 33759      CLEARWATER FL 33759**

2. Principal Place of Business      3. Mailing Address  
**4225 N. HUBERT AVE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Tampa, FLORIDA**

Zip      Country      Zip      Country  
**33614      Hillsborough**

4. FEI Number      Applied For  
**59-3661320**      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**

**MILANI, KAMRAN**  
**1813 AUDREY DRIVE**  
**CLEARWATER FL 33759**

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 \_\_\_\_\_ (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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	MILANI, KAMRAN		
1813 AUDREY DRIVE	1813 AUDREY DRIVE		
CLEARWATER FL 33759	CLEARWATER FL 33759		

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 I am empowered.

SIGNATURE: *Kamran Milani*      4/15/01      813-493-4371  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)