

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90023 010 \*\*\*150.00

US49449 AV

**DOCUMENT # P00000070073**

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

Principal Place of Business  
**4225 NORTH HUBERT AVENUE**  
**TAMPA FL 33614**  
OFFICE BUILDING  
1819 VICTORIA BLVD

Mailing Address  
**1813 AUDREY DRIVE**  
**CLEARWATER FL 33759**



2. Principal Place of Business  
**3953 BELMOOR DR**  
 Suite, Apt. #, etc.

3. Mailing Address  
**3953 BELMOOR DR**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Palm Harbor FL**  
 Zip  
**34685**  
 Country

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 Zip  
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 Country

4. FEI Number  
**59-3661320**

Applied For  
 Not-Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
**Milani, Kamran**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3953 BELMOOR DR**  
 City  
**Palm Harbor FL** Zip Code  
**34685**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	MILANI, KAMRAN	1813 AUDREY DRIVE	CLEARWATER FL 33759	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Milani, Kamran	3953 BELMOOR DR	Palm Harbor, FL 34685	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **KAMRAN MILANI** 4/22/02 (813) 493-4371  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)