

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

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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Palm Harbor FL
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34685
 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 **Kamran Milani**
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 | <input type="checkbox"/> 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 | <input type="checkbox"/> Change | <input type="checkbox"/> 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** **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)