

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



DO NOT WRITE IN THIS SPACE

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

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

City & State
Palm Harbor FL
 Zip
34685
 Country

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Palm Harbor FL
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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)