

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

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90032 008 ***150.00

DOCUMENT # P01000012328

1. Entity Name

Hartwell Fine Art, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3100 NW Boca Raton Blvd.

3. Mailing Address

2362 W Silver Palm Road

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
65-1071051

Applied For

Not Applicable

Zip
33431

Country
Palm Beach

Zip
33432

Country
Palm Beach

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Gail Altman

Street Address (P.O. Box Number is Not Acceptable)
2362 W Silver Palm Road

City
Boca Raton

FL

Zip Code
33432

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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 : Director
NAME : Gail Altman
STREET ADDRESS : 2362 W Silver Palm Road
CITY - ST - ZIP : Boca Raton, FL 33432

TITLE : Director
NAME : Aaron Brand
STREET ADDRESS : 2362 W Silver Palm Road
CITY - ST - ZIP : Boca Raton, FL 33432

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 :

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 :

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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)