

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

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90165 031 \*\*\*150.00

DOCUMENT # *P01000018325*

1. Entity Name

*Porcelain Classics, Inc*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*4201 Oak Circle*

3. Mailing Address

*405 N Ocean Blvd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Ste # 39*

*Apt # 1406*

City & State

City & State

*Boca Raton FL*

*Pompano Beach FL*

Zip

Country

Zip

Country

*33431*

*USA*

*33062*

*USA*

4. FEI Number

*65-1077019*

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

*Harriet Berman*

Street Address (P.O. Box Number is Not Acceptable)

*405 N Ocean Blvd # 1406*

City

*Pompano Beach*

FL

Zip Code

*33062*

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

SIGNATURE

*Harriet Berman*

*Harriet Berman Treasurer*

*4/24/02*

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 *Pres.*  
NAME *Arj Petku*  
STREET ADDRESS *405 N Ocean Blvd #517*  
CITY-ST-ZIP *Pompano Beach FL 33062*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Director*  
NAME *Elizabeth Petku*  
STREET ADDRESS *405 N Ocean Blvd #517*  
CITY-ST-ZIP *Pompano Beach FL 33062*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *V.P.*  
NAME *Stanley Berman*  
STREET ADDRESS *405 N Ocean Blvd #1406*  
CITY-ST-ZIP *Pompano Beach FL 33062*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE *Treasurer*  
NAME *Harriet Berman*  
STREET ADDRESS *405 N Ocean Blvd #1406*  
CITY-ST-ZIP *Pompano Beach FL 33062*

TITLE  
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CITY-ST-ZIP

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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:

*Harriet Berman*

*Harriet Berman Treasurer*

*4/24/02 (254) 943-2637*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)