


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90718 033 ***150.00

DOCUMENT # P01000120517			
1. Entity Name AMERICAN ART CLASSICS, INC.			
Principal Place of Business 1108 SOUTH MISSOURI AVENUE SUITE 103 CLEARWATER FL 33756		Mailing Address 1108 SOUTH MISSOURI AVENUE SUITE 103 CLEARWATER FL 33756	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0549962		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAKAN, FRANK			NAME			
STREET ADDRESS	1108 SOUTH MISSOURI AVENUE SUITE 103			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOBIN, BART			NAME			
STREET ADDRESS	1108 SOUTH MISSOURI AVENUE SUITE 103			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOBIN, JUDAH			NAME			
STREET ADDRESS	1108 SOUTH MISSOURI AVENUE SUITE 103			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SENE, JAMIE			NAME	BARBARA MAKAN		
STREET ADDRESS	1108 SOUTH MISSOURI AVENUE SUITE 103			STREET ADDRESS	1108 S. MISSOURI AVE STE 103		
CITY-ST-ZIP	CLEARWATER FL 33756			CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **3/17/03** **727-461-4791**

DATE: _____ DAYTIME PHONE: _____

CR2E034 (10/02)