2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000080885

1. Entity Name
REGENT STREET GALLERY INC. - CHANGE TO:
NEW ART INC.

FILED
03 SEP -5 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~12555 BISCAYNE BLVD # 860~~ ~~MIAMI, FL 33181~~ 10275 COLLINS AVE # 1422 BAL HARBOUR. FL. 33154	~~12555 BISCAYNE BLVD # 860~~ ~~MIAMI, FL 33181~~ 10275 COLLINS AVE # 1422 BAL HARBOUR. FL. 33154

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 09/5

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIEDHAUSER, STEVEN R
~~12555 BISCAYNE BLVD #860~~
~~MIAMI, FL, FL 33181~~
10275 COLLINS AVE # 1422
BAL HARBOUR FL.
33154

7. Name and Address of New Registered Agent

Name MARCUS SIMON
Street Address (P.O. Box Number is Not Acceptable) 10275 COLLINS AVE #1422
City BAL HARBOUR FL Zip Code 33154

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 Marcus Simon.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SIMON, MARCUS M ~~12555 BISCAYNE BLVD #860~~ ~~MIAMI, FL 33181~~	☐ Delete	TITLE P NAME STREET ADDRESS 10275 COLLINS AVE. #1422 CITY-ST-ZIP BAL HARBOUR. FL. 33154.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RIEDHAUSER, STEVEN R ~~12555 BISCAYNE BLVD #860~~ ~~MIAMI, FL 33181~~	☐ Delete	TITLE V NAME STEVEN R. RIEDHAUSER STREET ADDRESS " CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300022794503 09/05/03--01066--009 **185.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: Marcus Simon. 9. 4. 03 305-864-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

I did not receive the 2003 Annual Report.

Please waive the $400 late fee.

Please accept my check for $150.

Thank you.

Thank you Anna.