

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

12307098 1A

DOCUMENT # **P02000091360**



1. Entity Name
ASSOCIATED FINE ARTISTS, INC.

04-07-2003 91006 025 ***150.00

Principal Place of Business
**C/O LAW OFFICES OF SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL STE 290
BOCA RATON FL 33431**

Mailing Address
**C/O LAW OFFICES OF SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL STE 290
BOCA RATON FL 33431**



2. Principal Place of Business
Michel Boutboul
Suite, Apt. #, etc.
Associated Fine Artists *wt*
313 Ansini Boulevard *FL*
Hallandale Bch. FL 33009

3. Mailing Address
Michel Boutboul
Associated Fine Artists *wt*
313 Ansini Boulevard *FL*
Hallandale Bch. FL 33009

CHECK HERE IF MAKING CHANGES

Zip **33009** Country **Miami - Dade**

Zip **33009** Country **Miami - Dade**

4. FEI Number
16-1629977

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ELLIS, SETH E. ESQ
C/O LAW OFFICES OF SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL STE 290
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTBOUL, MICHEL 21200 NE 25TH COURT NORTH MIAMI BEACH FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERETZ, MEIR 3400 NE 164TH STREET NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 BOUTBOUL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michel Boutboul / (954) 454-4416
Date _____ Daytime Phone # _____

CR2E034 (10/02)