

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

09-16-2002 90098 014 ***550.00

DOCUMENT # P95000050177

1. Entity Name
SENDLER'S ART, INC.

Principal Place of Business

16017 SW 74 PLACE
 SUITE #100
 MIAMI FL 33157

Mailing Address

16017 SW 74 PLACE
 SUITE #100
 MIAMI FL 33157

BU130000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0746744**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROVIN, GARY B ESQ.
 16017 SW 74 PLACE
 SUITE 100
 MIAMI FL 33157

delete

Name **GREGORY D. SENDLER**

Street Address (P.O. Box Number is Not Acceptable)
10910 SW 153 CT

MIAMI

City

FL Zip Code **33196-2755**

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 *Gregory Sandler*
 Signature, typed or printed name of registered agent and title if applicable.

GREGORY D. SENDLER

9 SEP 02
 DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **D**
 NAME **SENDLER, GREG**
 STREET ADDRESS **10910 S.W. 153 CT.**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ **D**
 NAME **SENDLER, DOLORES**
 STREET ADDRESS **16017 SW 74 PLACE SUITE 100**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ **D**
 NAME **ROVIN, GARY B**
 STREET ADDRESS **9350 S. DIXIE HWY PENTHOUSE 2**
 CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ **Delete**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ **Delete**
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE: *Gregory Sandler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY D. SENDLER

9 SEP 02 305/233 4994
 Date Daytime Phone #

CR2E034 (4/02)