

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000068183**

1. Entity Name

ANCIENT MOSAIC STUDIOS, INC.**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90009 024 ***150.00

Principal Place of Business
14650 NW 24TH CT
OPA-LOCKA FL 33154Mailing Address
14650 NW 24TH CT
OPA-LOCKA FL 34947-1771**A0011627**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4106 MARIAH Circle
Suite, Apt. #, etc.3. Mailing Address
4106 MARIAH Circle
Suite, Apt. #, etc.City & State
FT. PIERCE, FL
Zip
34947 Country
ST. LUCIECity & State
FT. PIERCE, FL
Zip
34947 Country
ST. LUCIE4. FEI Number **65-0785228** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****HOROWITZ, STUART A**
20 PARK DR., #4
BAL HARBOR FL 33154**7. Name and Address of New Registered Agent**Name **STUART A. HOROWITZ**Street Address (P.O. Box Number is Not Acceptable)
4106 MARIAH Circle**FT. PIERCE, FL**City **FL** Zip Code **34947**

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.

SIGNATURE **S. Horowitz** **S. Horowitz** **1/21/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **HOROWITZ, STUART A**
STREET ADDRESS **14650 NW 24TH CT**
CITY-ST-ZIP **OPA-LOCKA FL 33054**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **STUART A. HOROWITZ**
STREET ADDRESS **4106 MARIAH Circle**
CITY-ST-ZIP **FT. PIERCE, FL 34947**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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: **S. Horowitz** **S. Horowitz** **1/21/00** **(661) 460 314**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #