2000 UNIFORM BUSINESS REPORT (UBR)

Kuneth K

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

:::MATURE:

Jun 05, 2000 8:00 am Secretary of State DOCUMENT # P99000099953 KENNETH RAYMOND FINE ART, INC. 05-11-2000 90327 040 ***150.00 Principal Place of Business Mailing Address 799 EAST PALMETTO PARK ROAD 799 EAST PALMETTO PARK ROAD BOCA RATON FL 33432 BOCA RATON FL 33432-5109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Ζiρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH & SPATOCI COLEMAN, ANTHONY G JR Street Address (P.O. Box Number is Not Acceptable)
799 EAST PAUMENTO 6194 NORTH FEDERAL HIGHWAY **BOCA RATON FL 33487** Zip Code 33 (3) BOCA KATCH 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. KENNETH IR SPATOLA PKLd. TITLE PROV TITLE ☐ Change NAME THE CR2E034 STREET ADDRESS STREET ADDRESS BOON RATION FLA. 33/32 CITY-ST-7/P CITY-ST-ZIP MICHELINE SPATOCA
199 EAST VALMETTO PKRL ☐ Addition TITLE VENES Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS BERN RATON FLA 33434 CITY-ST-ZIP CITY-ST-ZIP 🗀 Delete Change - F- Addition TITLE TITLE NAME NAME Times AND DECC STREET ADDRESS : ST-ZIP C17Y-\$7-21P _ Change ___ Addition Delete NAME Annorge STREET ADDRESS CITY-ST-7IP ST-780 Change ☐ Addition TITLE Delete NAME 40 ---STREET ADDRESS CITY-ST-ZIP ST-ZIP Change ☐ Addition Defete TITLE NAME ____^U0055 STREET ADDRESS CITY-ST-ZIP ST-ZIP 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.

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Pres, & Drector

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