2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # **V261**29 1. Entity Name HENRY GARDINER FINE ART, INC. 04-16-2001 90060 024 ***150.00 Principal Place of Business Mailing Address 2885 EAGLE LANE 2885 EAGLE LANE WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 HOOYAM 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0325242 Not Applicable Country **\$8.75** Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GARDINER, HENRY Street Address (P.O. Box Number is Not Acceptable) 2885 EAGLE LANE WEST PALM BEACH FL 33409 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE GARDINER, HENRY NAME NAME 2885 EAGLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL CITY-ST-7IP ☐ Addition Change **VPS** ☐ Delete TITLE TITLE GARDINER, EUNICE NAME NAME STREET ADDRESS STREET ADDRESS 2885 EAGLE LANE CITY-ST-ZIP CITY-ST-ZIP W PALM BEACH FL ☐ Change ☐ Addition TITLE □ Delete TITLE NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

Apr. 11, 200 (56) 597-256