

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35953

1. Entity Name

ARTWORKS & ANTIQUES, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90323 023 \*\*\*150.00

Principal Place of Business 2716 SOUTH DIXIE HWY Mailing Address 2716 So. DIXIE HWY  
~~2001 PALM BEACH LAKES BLVD~~ ~~2001 PALM BEACH LAKES BLVD~~  
SUITE ~~200~~ 101 SUITE ~~200~~ 101  
WEST PALM BEACH FL ~~33409~~ 33405 WEST PALM BEACH FL ~~33409-6515~~ 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2716 SOUTH DIXIE HWY 3. Mailing Address  
Suite, Apt. #, etc. 101 Suite, Apt. #, etc.  
City & State WEST PALM BEACH FL City & State  
Zip 33405 Country 1 Zip Country

4. FEI Number 65-0347267 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HAAS, JOSEPH  
~~2001 PALM BEACH LAKES BLVD~~ 2716 SOUTH DIXIE HWY  
WEST PALM BEACH FL ~~33409~~ 33405  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
After MAY 1, 2000 Fee will be \$550.00  
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	PVS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAAS, JOSEPH		NAME		
STREET ADDRESS	<del>2001 PALM BEACH LAKES BLVD</del> <u>2716 So. DIXIE HWY</u>		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAAS, JOSEPH		NAME		
STREET ADDRESS	<del>2001 PALM BEACH LAKES BLVD</del> <u>2716 So. DIXIE HWY</u>		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 life empowered.

SIGNATURE: [Signature] APRIL 27, 2000 561 366-8666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)