

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-11-2000 90323 023 ***150.00

DOCUMENT # V35953

1. Entity Name
ARTWORKS & ANTIQUES, INC.

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 ~~330~~ **101** SUITE ~~330~~ **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 33405
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS HAAS, JOSEPH 2001 PALM BEACH LAKES BLVD 2716 So. DIXIE HWY WEST PALM BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAAS, JOSEPH 2001 PALM BEACH LAKES BLVD 2716 So. DIXIE HWY WEST PALM BEACH FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

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

CR2E034 (9/99)