

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90090 046 ****50.00

CR-16

DOCUMENT # L02000006830

1. Entity Name
INTERNATIONAL ANTIQUITIES, LLC



Principal Place of Business Mailing Address

**18701 SW 30TH STREET
MIRAMAR FL 33029** **18701 SW 30TH STREET
MIRAMAR FL 33029**

20014055



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

10850 Church St. **10850 Church St.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

G101 **G101**

City & State City & State

Rancho Cucamonga, CA **Rancho Cucamonga, CA**

Zip Country Zip Country

91730 **USA** **91730** **USA**

4. FEI Number Applied For

01-0645803 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DISCOUNT, ALAN
18701 SW 30TH STREET
MIRAMAR FL 33029**

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. I am familiar with, and accept the obligations of registered agent. **(NO CHANGE)**

SIGNATURE *Alan Discount, principal* DATE **01/16/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|----------------|----------------------|------------------|---------------------------------|
| MGRM | DISCOUNT, ALAN | 18701 SW 30TH STREET | MIRAMAR FL 33029 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alan Discount* DATE: **01/16/03** Daytime Phone #: **909 836 7539**

STAMPED SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)