


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90137 003 ***150.00

DOCUMENT # P00000073349

1. Entity Name
A ANTIQUEVENDORS INC



Principal Place of Business
1325 POWERLINE RD
7-103
POMPANO BEACH FL 33069

Mailing Address
1325 POWERLINE RD
7-103
POMPANO BEACH FL 33069



2. Principal Place of Business
22 South H St.
Suite, Apt. #, etc.
6

3. Mailing Address
Same 22 South H Street
Suite, Apt. #, etc.
6

CHECK HERE IF MAKING CHANGES

City & State
Lake Worth FL LAKE WORTH FL

Zip Country
33460 USA 33460 USA

4. FEI Number **65-1028950**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

APPEL, DONNA
52 W OAKLAND PARK BLVD.
SUITE 1234
WILTON MANORS FL 33311

7. Name and Address of New Registered Agent

Name **Donna Appel**

Street Address (P.O. Box Number is Not Acceptable)
22 South H St

City **Lake Worth FL** Zip Code **33460**

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.

SIGNATURE **Donna Appel** DATE **1-09-03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME APPEL, DONNA	
STREET ADDRESS 1325 S POWERLINE RD 7-103	
CITY-ST-ZIP POMPANO BEACH FL 33069	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Donna Appel	
STREET ADDRESS 22 South H St	
CITY-ST-ZIP Lake Worth FL 33460	
TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Jed Ladin	
STREET ADDRESS 22 South H St.	
CITY-ST-ZIP Lake Worth FL 33460	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **Donna Appel** DATE: **1-9-03** **561-547-6464**

CR2E034 (10/02)