

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90060 045 \*\*\*150.00

CU042756



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000107488**

1. Entity Name  
**ABC ANTIQUES & COLLECTIBLES, INC.**

Principal Place of Business                      Mailing Address  
**131 E. HILLSBORO CT**                                      **131 E. HILLSBORO CT**  
**DEERFIELD BCH FL 33441**                                      **DEERFIELD BCH FL 33441-3535**

2. Principal Place of Business                      3. Mailing Address  
**131 E. Hillsboro Ct.**                                      **131 E. Hillsboro Ct.**

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

City & State                      **FLORIDA**                      City & State                      **FLORIDA**  
**DEERFIELD BEACH,**                                      **DEERFIELD BEACH,**

Zip                      Country                      Zip                      Country  
**33441**                      **U.S.**                      **33441**                      **U.S.**

4. FEI Number                      **65-0799871**                      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEIBESKIND, PAUL**  
**131 E HILLSBORO CT**  
**DEERFIELD BCH FL 33441**

7. Name and Address of New Registered Agent  
 Name                      **LIEBESKIND, PAUL**  
 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.  (See criteria on back)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>LIEBESKIND, PAUL</b> <b>131 E. HILLSBORO CT</b> <b>DEERFIELD BCH FL 33441</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: Paul Liebeskind                      Date: March 16, 00                      Daytime Phone #: 954-571-9199

CR2E034 (9/99)