2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90018 013 ***150.00

DOCUMENT # P98000071423

1. Entity Name
VINTAGE ANTIQUES AND COLLECTABLES, INC.

Principal Place of Business	Mailing Address
12700 BISCAYNE BOULEVARD SUITE 401 NORTH MIAMI FL 33181	12700 BISCAYNE BOULEVARD SUITE 401 NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
205 N.W. Santa Fe Blvd.	1911 N.E. 172 st
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: High Springs, Fl.	City & State: No. Miami Beach, Fl.
Zip: 32655 Country:	Zip: 33162 Country:

4. FEI Number 65-0861135 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEYS, CAROL F 12700 BISCAYNE BOULEVARD SUITE 401 NORTH MIAMI FL 33181	Name: Keys, Neal S. Street Address (P.O. Box Number is Not Acceptable): 1911 N.E. 172 st City: North Miami Beach FL Zip Code: 33162

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 [signature] Neal S. Keys, President DATE 4/11/02
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. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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	D KEYS, CAROL F 12700 BISCAYNE BOULEVARD SUITE 401 NORTH MIAMI FL 33181	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEYS, NEAL S 1911 NE 172 ST N MIAMI BEACH FL 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] Neal S. Keys 4/11/02 305-9449300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #