

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000046625

1. Entity Name

ANTARES STONES, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90192 050 \*\*\*150.00

Principal Place of Business 1090 SATIN LEAF STREET HOLLYWOOD FL 33019	Mailing Address 1090 SATIN LEAF STREET HOLLYWOOD FL 33019-4815 <del>1090</del>
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2. Principal Place of Business 916 E Las Olas bl	3. Mailing Address 17400 NE 12th
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft Lauderdale	City & State No Miami Beach
Zip 33301	Zip 33162
Country Broward	Country Dade



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0670856	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GOSS, PHILIP E JR. 400 GARLEND AVENUE CORAL GABLES FL 33146
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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	PD BERGER, SIMONE 1090 SATIN LEAF STREET HOLLYWOOD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 Weeping Willow Way
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKLIN, MARIANNE 1090 SATIN LEAF STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 Weeping Willow Way
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGER, DANIEL 1090 SATIN LEAF STREET HOLLYWOOD FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1594 Weeping Willow Way
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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 29<sup>th</sup> 00 954 929 9436

CR2E034 (9/99)