

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90254 019 ***150.00

DOCUMENT #

P96000031726

1. Entity Name

Mainstream Antiques Inc.

Principal Place of Business

Mailing Address

3061 N. Course Drive B146 #206
 Pompano Beach, Fl. 33069

A0068582

2. Principal Place of Business

3. Mailing Address

4000 Cypress Grove Way

4000 Cypress Grove Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

204

City & State

Pompano Beach, Fl

City & State

POM PANOBeach, Fl

4. FEI Number

65-0669336

Applied For

Not Applicable

Zip

Country

33069

Broward

Zip

33069

Country

Broward

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lester Grubman
 4000 Cypress Grove Way #206
 Pompano Beach, Fl. 33069

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

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	President	<input type="checkbox"/> Delete
NAME	Lester Grubman	
STREET ADDRESS	4000 Cypress Grove Way #206	
CITY-ST-ZIP	Pompano Beach, Fl. 33069	
TITLE	Vice President / Secretary	<input type="checkbox"/> Delete
NAME	Sylvia Grubman	
STREET ADDRESS	4000 Cypress Grove Way #206	
CITY-ST-ZIP	Pompano Beach, Fl. 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sylvia Grubman

4/27/01

954-974-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)