

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H23552

1. Entity Name

• TIMES SQUARE ANTIQUES, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90253 029 \*\*\*150.00

Principal Place of Business

425 NE 21 ST  
WILTON MANORS FL 33305  
US

Mailing Address

425 NE 21 ST  
WILTON MANORS FL 33305  
US

2. Principal Place of Business

1100 E. OAKLAND PARK BLVD., 1100 E OAKLAND Pk Blvd  
SUITE 104

Mailing Address

Suite, Apt. #, etc.  
104

City & State

OAKLAND PARK, FLA

City & State

OAKLAND PARK FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

65-0056309

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address

7. Name and Address of New Registered Agent

PEARCE, DAVID

David L. Pearce C.P.A.  
1100 E. Oakland Pk. Blvd.  
Suite 104  
Oakland Park, FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

FL

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)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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.

David L. Pearce C.P.A.  
1100 E. Oakland Pk. Blvd.  
Suite 104  
Oakland Park, FL 33334

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  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: *David L. Pearce, Pres, P.A.T.* Date: *4/19/01* Daytime Phone #: *954-567-3221*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)