

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

503137907759
5/2/2003-90074-032-\$50.00-\$50.00 *

DOCUMENT # L02000009236

1. Entity Name

ANTIQUITIES PLATINUM, LLC



FILED

2003 NOV 18 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2815 DIRECTORS ROW, SUITE 500
ORLANDO FL 32809

2815 DIRECTORS ROW, SUITE 500
ORLANDO FL 32809

2. Principal Place of Business

7120 LAKE ELEANOR DR

3. Mailing Address

7120 LAKE ELEANOR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando Fla

City & State

Orlando Fla

4. FEI Number

01-0665059

Applied For

Not Applicable

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOONEY, STEPHEN R
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO FL 32809

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
Pres/Mgr
Menaker, Mitchell
7120 LAKE ELEANOR DR
Orlando Fla 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if I were a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 609, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Menaker Management, Inc.
Managing Member
Starabillas International

9/21/03

Daytime Phone #

CR2083 (4/03)