01/02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUN -7 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000022410

1. Entity Name
DELRAY BEACH ANTIQUE MALL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1350 NORTH FEDERAL HIGHWAY
Suite, Apt. # etc.
DELRAY BEACH FL
Zip 33483 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1026328
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
ANTON RECHNER
Street Address (P.O. Box Number is Not Acceptable)
1350 NORTH FEDERAL HIGHWAY
City DELRAY BEACH FL Zip Code 33483

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	PHYLLIS ALEXANDER
STREET ADDRESS	1350 N FEDERAL HIGHWAY
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	VICE-PRESIDENT
NAME	ANTON RECHNER
STREET ADDRESS	1350 N FEDERAL HIGHWAY
CITY - ST - ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

201.25-AR
10.00-ARARTS
88.75-ARSUPP
600005892046--7
-06/20/02--01065--008
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Anton Rechner 04/30/02 561-274-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

97F FL32381F.1