

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-14-2001 90226 014 ***150.00

DOCUMENT # P00000048928

1. Entity Name

C.R. ANTIQUES, INC.

Principal Place of Business

**782 NW LE JEUNE ROAD
 SUITE 428
 MIAMI FL 3316**

Mailing Address

**782 NW LE JEUNE ROAD
 SUITE 428
 MIAMI FL 3316**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

651008796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PUIG, MAGALI L
 782 NW LE JEUNE ROAD
 SUITE 428
 MIAMI FL 3316**

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) ☒

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	RIOS, OMAR A	
STREET ADDRESS	CALLE VERA 677 QUINTO PISO APT B	
CITY-ST-ZIP	CAP. FED., BUENOS AIRES ARGE	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUNOZ, MARIA C	
STREET ADDRESS	CALLE VERA 677 QUINTO PISO APT B	
CITY-ST-ZIP	CAP. FED., BUENOS AIRES ARGE	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	URANGA, FEDERICO A	
STREET ADDRESS	CALLE VERA 677 QUINTO PISO APT B	
CITY-ST-ZIP	CAP. FED., BUENOS AIRES ARGE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 registered agent 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

OMAR A. RIOS President 4/30/01

Date

Daytime Phone #

CR2E034 (10/00)