

2001 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Feb 23, 2001 8:00 am
Secretary of State

01-30-2001 90158 040 ***150.00

DOCUMENT # P00000063860

1. Entity Name

NASSER I ANTIQUES, INC.

Principal Place of Business

Mailing Address

520 S.W. 22ND RD.
MIAMI FL 33129

520 S.W. 22ND RD.
MIAMI FL 33129

62258

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

65-1027753

☒ 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

**NASSER, FELIX
520 S.W. 22ND RD.
MIAMI FL 33129**

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 use 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 | PD | <input type="checkbox"/> Delete |
| NAME | NASSER, FELIX | |
| STREET ADDRESS | 520 S.W. 22ND RD. | |
| CITY - ST - ZIP | MIAMI FL 33129 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | AGUINAGA, JORGE | |
| STREET ADDRESS | 520 S.W. 22ND RD. | |
| CITY - ST - ZIP | MIAMI FL 33129 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | NASSER, RANSES | |
| STREET ADDRESS | 520 S.W. 22ND RD. | |
| CITY - ST - ZIP | MIAMI FL 33129 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | AGUINAGA, ANADRIA | |
| STREET ADDRESS | 520 S.W. 22ND RD. | |
| CITY - ST - ZIP | MIAMI FL 33129 | |
| 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 | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| 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 | | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

1/22/01 305-4097754

CR2E034 (10/00)