2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000065515

ANTIQUE ART CORPORATION

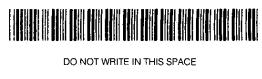
Principal Place of Rusiness

Mailing Address

18257 NE 4 COURT	18257 NE 4 COURT
MIAMI FL 33162	MIAMI FL 33162
2. Principal Place of Business 18257 N.B. Y COURT Suite, Apt. #, etc.	3. Mailing Address 476. NE. 211 TER. Suite, Apt. #, etc.

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90007 010 ***150.00



1825	7 MB.	4 courr	416. NE.	211 TER						••••	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	te		City & State	,	4. FE	El Number			A	pplied For	
MIA	m, F	L.	MIAMI,	Fi.		651	031	190	N	ot Applicable	
Zip 33/6.	2 .	Ountry USA.	Zip 33179	Country USA.	5. Ce	ertificate of Sta	tus Desired	ı 🗆	\$8.75 Add Fee Require		
	6. Name and		7. Na	ame and Addre	ess of Nev	v Registered	Agent				
ARTHUR, MARY 456 NE 211 TERRACE MIAMI FL 33179				Street Addre	City Tip Code						
					Mrane FL Zip Code 79.						
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 TARY ARADE. O2-22-01.											
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE After MAY 1, 2001 Fee Make Check Payable to De					State		id Contribu	ition.	☐ Ådded	00 May Be d to Fees	
11.		OFFICERS AND D		12.	ADD	ITIONS/CHAN	IGES TO O	FFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	P DOMINGO, AI 456 ME 211 7 MIAMI FL 331	TERR	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
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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 occurate 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 a other like empowered.

SIGNATURE AND TYPED OR PR

3019781013