

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065515

1. Entity Name
ANTIQUE ART CORPORATION

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

02-28-2001 90007 010 ***150.00

Principal Place of Business 18257 NE 4 COURT MIAMI FL 33162	Mailing Address 18257 NE 4 COURT MIAMI FL 33162
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2. Principal Place of Business 18257 NE. 4 COURT Suite, Apt. #, etc.	3. Mailing Address 456 NE. 211th TER. Suite, Apt. #, etc.
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City & State MIAMI, FL.	City & State MIAMI, FL.	4. FEI Number 651031190	Applied For <input type="checkbox"/> Not Applicable
Zip 33162.	Country USA.	Zip 33179	Country USA.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ARTHUR, MARY 456 NE 211 TERRACE MIAMI FL 33179	7. Name and Address of New Registered Agent Name MARY ARTHUR Street Address (P.O. Box Number is Not Acceptable) 456 NE. 211th TER. City MIAMI FL Zip Code 33179.
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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 **MARY ARTHUR.** **W-D** **02-22-01.**
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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGO, ALEJANDRO 456 NE 211 TERR MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE: **ALEJANDRO DOMINGO** **02-22-01.** **305-9781013**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)