## -2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P0000068757  1. Entity Name ANTIQUES BY RALPH, INC.						Mar 29, 2001 8:00 am Secretary of State 01-26-2001 90096 010 ***150.00					
Principal Place of Business 1666 SW 72ND AVENUE 11AM FL 33122- 3 3 55		Mailing Address 4666 SW 72ND AVENUE MIAMI FL 33422 33455				     		#### #### ############################	1 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7M (88) (88)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.									
					7	DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.		456	-	<u> </u>	<u> </u>	]
Coun	try	Zip	Coun	ntry	5.	1					1
6. Name and Ad	dress of Current Re	gistered Agent		Name	7	Name and Address	of New Re	egistered A	gent		
FARRA, MIGUEL G 2899 SOUTH BAYSHORE DRIVE FIFTH FLOOR					s (P.O. I	Box Number is Not	Acceptable	)		<del></del>	1
MIAMI FL 33133										<del></del>	1
				City				FL	Zip Cod	e ·	
ation is eligible to se	atisfy its Intangible	FILE NOW	/!!! FEE	IS \$150.00 will be \$550.0	)	10. Election Car		incing			
	OFFICERS AND DIF		12.		AC	DITIONS/CHANGE	S TO OFFI				6
MARQUEZ, ANA	PLACE	□ Delete	NAM! STRE	E ET ADORESS		· 			∐ Unange	Addrion	CR2E034 (10/00)
		☐ Delete	Nami Stre	E ET ADDRESS		:			☐ Change	☐ Addition	<del>3</del>
		☐ Delete	NAMI Stre	ET ADDRESS	<u></u>				☐ Change	Addition	<del></del>
<del>.</del>		Delete	TITLE NAME STREE	E Et address		1			Change	· . Addilion.	
	<del></del>	☐ Delete	name Strei	ET ADDRESS			<u> </u>	<u> </u>	Change .	☐ Addition	
			CITY	ST-ZIP				_	_ :		,
	S BY RALPH, of Business VENUE  ce of Business etc.  Coun  6. Name and Ad  NIGUEL G  SOUTH BAYSHO FL 33133  armed entity submit tion is eligible to st quirement and elect on back)  MARQUEZ, ANA i297 NW 112TH	Country  Cou	S BY RALPH, INC.  of Business  VENUE  4666 SW 72ND AVENUE  MIAMI FL 33H22*  3-21.5.5  ce of Business  etc.  City & State  Country  Zip  6. Name and Address of Current Registered Agent  MIGUEL G.  SOUTH BAYSHORE DRIVE FIFTH FLOOR FL 33133  amed entity submits this statement for the purpose of changing it than is eligible to satisfy its Intangible purement and elects to do so.  ARQUEZ, ANA  297 NW 112TH PLACE  MIAMI FL 33178  Delete  Delete	S BY RALPH, INC.  of Business  WENUE  4666 SW 72ND AVENUE  MIAM FI 33H22*  3 2x 5 5  ce of Business  etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Courty  4. MiGUEL G  COUTH BAYSHORE DRIVE FIFTH FLOOR FI 33133  amed antity submits this statement for the purpose of changing its register  tion is aligible to satisfy its Intangible  purposent and elects to do so.  OFFICERS AND DIRECTORS  ARROUEZ, ANA  237 NW 112TH PLACE  MAM 1237 NW 112TH PLACE  MAM 1237 NW 112TH PLACE  MAM 1257 NW 112	Mailing Address  Mailin	S BY RALPH, INC.  of Business  Mailing Address  WRILE  4656 SW 72HD AVENUE  MIAM FL 33422* 3-24-5-5  ce of Business  3. Mailing Address  etc.  Suite, Apt. #, etc.  City & State  4. Country  Zp Country  8. Country  8. Marne and Address of Current Registered Agent  Name  Name  Name  Street Address (P.O.  City  Amed antity submits this statement for the purpose of changing its registered office or registered agent and their application.  WIGUEL G.  OUTH BAYSHORE DRIVE FIFTH FLOOR  FL 33133  City  amed antity submits this statement for the purpose of changing its registered office or registered agent and their application.  WIGUEL G.  OUTH BAYSHORE DRIVE FIFTH FLOOR  FL 33133  City  Amed antity submits this statement for the purpose of changing its registered office or registered agent and their application.  WIGUEL G.  OUTH BAYSHORE DRIVE FIFTH FLOOR  FL 33133  City  AMED STREET ADDRESS CITY-ST-2P  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-2P  Delete	S BY RALPH, INC.  Of Business  WBNE  4566 SW 78/D AVENUE  MAM FL 39127  3-27 5-5  Do of Business  3. Mailing Address etc.  City & State  City & State  City & State  Country  Country  Country  S. Certificate of Status  6. Name and Address of Current Registered Agent  Name  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not.)  City  Street Address (P.O. Box Number is Not.)  After MAY-1, 2001 Fee will be \$550.00  Of Box Number is Not.  After MAY-1, 2001 Fee will be \$550.00  Of FICERS AND DIRECTORS  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-2P  Delete  NAME  N	S BY RALPH, INC.  OI -26-22  OI Business  Mailing Address  4686 SW 72ND AVENUE MAR FL 33427  3-27-5-5  Oo of Business  3. Mailing Address  etc.  Cuty & State  City & State  Country  City & State  Country  Country  Country  Country  S. Certificate of Status Desired  A. HEI Number  65 - IO 33 4456  Street Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  Street Address (P.O. Box Number is Not Acceptable)  City  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  smed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor  interest Address (P.O. Box Number is Not Acceptable)  10. Election Certains in Trust Fund Confirmation  11. Election Certains in State Address (P.O. Box Number is Not Acceptable)  12. ADDITIONS/CHANGES TO OFFI  INTEREDIORS  CITY-51-2P  Delece  TILE  MAKE  SIREH ADDRESS  CITY-5	S BY RALPH, INC.  Of Business  Mailing Address 4686 SW 7840 AVENUE AIMM F 3.3942  Do NOT WRITE IN THIS S  Country  Zip  Country  Zip  Country  Size A Country  Size Address of Country  Size Address (P.O. Box Number is Not Acceptable)  City  FL  umed antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porida  After MAY-1, 2017 Fee will be \$550.00  OFFICERS AND DIRECTORS  Detels  NAME  SIREH ADDRESS  CITY-ST-2P  SIREH ADDRESS  CITY-ST-2P  SIREH ADDRESS  CITY-ST-2P  SIREH ADDRESS  CITY-ST-2P	S BY RALPH, INC.  Of Business  Mailing Address 4988 SW 7870 AVENUE MANK F1 39427  32 55  Or of Business  Or of	S BY RALPH, INC.  Of Business  Majling Address  GRS BY 7200 AVENUE  MINUTE STATE  OF DO NOT WRITE IN THIS SPACE  Applied For Country  S. Certificate of Sinus Desired  SO - D 33456  Name  OF THE Number  GS - D 33456  Street Address of New Registrand Agent  OF THE Number In Not Address of New Registrand Agent  City  FL ZIP Code  Wind antity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Foods.  City  FL ZIP Code  Wind antity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Foods.  City  FL ZIP Code  Wind antity submits this statement for the purpose of changing is registered diffice or registered agent, or both, in the State of Foods.  City  FL ZIP Code  Wind Address ST D GREEN AGENT AG