

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90053 014 ***150.00

DOCUMENT # P01000023469

1. Entry Name

ZIGNONE ANTIQUES INC.

Principal Place of Business

**520 BRICKELL KEY DRIVE SUITE 0-305
 MIAMI FL 33131**

Mailing Address

**520 BRICKELL KEY DRIVE SUITE 0-305
 MIAMI FL 33131**

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

52-2301126

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

TRANSGLOBAL CORPORATE ADMINISTRATION INC.

520 BRICKELL KEY DRIVE SUITE 0-305

MIAMI FL 33131

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 resigning.)

DATE

**9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so
 (See criteria on back)**

☐

**10. Election Campaign Financing
 Trust Fund Contribution**

☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **ZIGNONE, DANIEL**
STREET ADDRESS **520 BRICKELL KEY DRIVE SUITE 0-305**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Daniel Zignone

4/10/02 (305) 374-3800

Date

Daytime Phone #

CP2E034 (9/01)

**Please
 Sign & Date**