

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90333 040 ***163.75

DOCUMENT # P01000069881

1. Entity Name
THE ANTOINE INVESTMENT GROUP, INC.



Principal Place of Business
**11633 NW 7TH AVE
MIAMI FL 33168**

Mailing Address
**11633 NW 7TH AVE
MIAMI FL 33168**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0553439

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTOINE, YOLETTE

**1305 NW 203 ST 3537 SW 175 AVE
MIAMI FL 33169 MIRAMAR, FL 33029**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James Saint-Surin** **JAMES SAINT-SURIN**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

04/23/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SAINT-SURIN, JAMES	
STREET ADDRESS	3537 SW 175 AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JEAN, JACQUELINE	
STREET ADDRESS	1305 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SAINT-SURIN, JIMMY	
STREET ADDRESS	3537 SW 175TH AVE	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	CHAPIESKY, LISHA A	
STREET ADDRESS	1305 NW 203 ST	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANTOINE, YOLETTE	
STREET ADDRESS	1305 NW 7 AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LISHA A. CHAPIESKY	
STREET ADDRESS	12555 NW 1 AVE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. YOLETTE ANTOINE	
STREET ADDRESS	3537 SW 175 AVE	
CITY-ST-ZIP	MIRAMAR, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Saint-Surin **JAMES SAINT-SURIN** **4/23/03** **392-6262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)