

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90099 012 ***150.00

0179886 AV

DOCUMENT # P01000089844

1. Entity Name
SUTTON ANTIQUES CORP.

Principal Place of Business
**3598 DUNES VISTA DRIVE
 POMPANO BEACH FL 33069**

Mailing Address
**3598 DUNES VISTA DRIVE
 POMPANO BEACH FL 33069**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1280 S. POWERLINE RD.
 Suite, Apt. #, etc.
SUITE 5
 City & State
POMPANO BEACH, FL
 Zip
33069 Country
USA

3. Mailing Address
P.O. BOX 666886
 Suite, Apt. #, etc.
 City & State
POMPANO BEACH, FL
 Zip
33066 Country
USA

4. FEI Number ☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FONSECA, EDUARDO J
3598 DUNES VISTA DRIVE
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name
FONSECA, EDUARDO J.
 Street Address (P.O. Box Number is Not Acceptable)
1280 S. POWERLINE RD.
SUITE 5
 City
POMPANO BEACH **FL** Zip Code
33069

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 reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FONSECA, EDUARDO J 3598 DUNES VISTA DRIVE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BLANCO, EDUARDO 3598 DUNES VISTA DRIVE POMPANO BEACH FL 33069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FONSECA, EDUARDO J. 19801 E. COUNTRY CLUB DR., #4101 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BLANCO, EDUARDO 19801 E. COUNTRY CLUB DR., #4101 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE: *Eduardo J. Blanco* **EDUARDO BLANCO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02 954-979-4800

Date

Daytime Phone #

CR2E034 (9/01)