

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90026 047 ***158.75

DOCUMENT # P02000090182

1. Entity Name
RED DOOR ANTIQUES & GIFTS, INC.



Principal Place of Business
**4573 PONCE DE LEON BLVD.
SUITE 1A
CORAL GABLES FL 33146**

Mailing Address
**4573 PONCE DE LEON BLVD.
SUITE 1A
CORAL GABLES FL 33146**



2. Principal Place of Business

4571 Ponce de Leon Blvd.

3. Mailing Address

SAME AS LEFT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

4. FEI Number

72-1533967

Applied For

Not Applicable

Zip

33146

Country

USA

Zip

Country

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

**BADDOUR, FREDERICK R
4573 PONCE DE LEON
CORAL GABLES FL 33146**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Delete
NAME **Annette C. Baddour**
STREET ADDRESS **6490 SW 122 Street**
CITY-ST-ZIP **Pinecrest, FL 33156**

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

TITLE **Frederick R. Baddour Secy** ☐ Delete
NAME **6490 S.W. 122 Street**
STREET ADDRESS **Pinecrest, FL 33156**
CITY-ST-ZIP **Treas.**

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

TITLE **Martin E. CASUSO V. PRES.** ☐ Delete
NAME **8128 SW 83 ST**
STREET ADDRESS **MIAMI FL 33143**
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Annette Baddour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03
Date

(305) 447-9777
Daytime Phone #

CR2E034 (10/02)