

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 APR 16 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P930000079176**

1. Entity Name

KEISAR ANTIQUES USA, INC.
2436 N. FEDERAL HWY # 313
LIGHTHOUSE POINT, FL 33064

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2436 N. FEDERAL HWY # 313

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT FL

City & State

Zip

33064

Country

Zip

Country

4. FEI Number

65-0449130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DAVID FEIGENBAUM

Street Address (P.O. Box Number is Not Acceptable)

1700 W. WOODBRIGHT RD #6

City

BONNE BEACH

FL

Zip Code

33426

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IN THIS SPACE**

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

3/14/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STUART SCOTT, President
2436 N. FEDERAL HWY # 313
LIGHTHOUSE POINT FL 33064

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

200005554172--4

-05/16/02--01018--017

******300.00 ****300.00**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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)(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 on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/02.

Date

Daytime Phone #

CR2E034B (12/01)