

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90014 021 ***550.00

DOCUMENT # P96000016557

1. Entity Name

ECLECTIC ANTIQUES, INC.

Principal Place of Business

921 LINCOLN RD.
MIAMI BEACH FL

Mailing Address

921 LINCOLN RD.
MIAMI BEACH FL

A0076730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

940 Lincoln Rd.

3. Mailing Address

940 Lincoln Rd.

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

Suite 214

City & State

MIAMI BEACH, FLA

City & State

MIAMI Bch, Fla

Zip

Country

33139

USA

Zip

Country

33139

USA

4. FEI Number

65-0651507

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

MEJER, ALVARO L

2600 DOUGLAS RD.

SUITE 1111

CORAL GABLES FL 33134

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 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FRANK, ANDREW**
CITY-ST-ZIP **921 LINCOLN RD**
MIAMI BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **940 Lincoln Rd suite 214**
CITY-ST-ZIP **MIAMI BEACH, FLA 33139**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **PORTELA, JUAN**
CITY-ST-ZIP **921 LINCOLN RD**
MIAMI BEACH FL 33139

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **940 Lincoln Rd suite 214**
CITY-ST-ZIP **MIAMI BEACH, FLA 33139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00 3055318585
Date Daytime Phone #

CR2E034 (5/00)