

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90017 002 \*\*\*150.00

**DOCUMENT # P96000016557**

1. Entity Name

ECLECTIC ANTIQUES, INC.

Principal Place of Business

940 LINCOLN ROAD  
 SUITE 214  
 MIAMI FL 33139

Mailing Address

940 LINCOLN ROAD  
 SUITE 214  
 MIAMI FL 33139

B0001798



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2525 SHELTER AVE.

Suite, Apt. #, etc.

3. Mailing Address

2525 SHELTER AVE.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

Zip 33139

Country USA

City & State

MIAMI BEACH, FL.

Zip 33139

Country 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

MEJER, ALVARO L  
 2800 DOUGLAS RD.  
 SUITE 1111  
 CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 D  
 NAME FRANK, ANDREW  
 STREET ADDRESS 940 LINCOLN ROAD SUITE 214  
 CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE P  
 NAME PORTELA, JUAN  
 STREET ADDRESS 940 LINCOLN ROAD  
 CITY-ST-ZIP MIAMI FL 33139 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

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

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

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

JUAN PORTELA (JUAN PORTELA)

1/7/01

305 531 8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)