2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90192 050 ***150.00

DOCUMENT # P96000046625

1. Entity Name

ANTARES STONES, INC.

Principal Place of Business	Mailing Address
1090 SATIN LEAF STREET HOLLYWOOD FL 33019	1090 SATIN LEAF STREET HOLLYWOOD FL 33019-4815

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
916 E Las Olas Blvd	17400 NE 19 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Lauderdale	City & State: No Miami Beach
Zip: 33301 Country: Broward	Zip: 33162 Country: Dade

4. FEI Number 65-0670856 ☐ 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
GOSS, PHILIP E JR. 400 GARLENDA AVENUE 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.

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERGER, SIMONE 1090 SATIN LEAF STREET HOLLYWOOD FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1594 Weeping Willow Way
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICKLIN, MARIANNE 1090 SATIN LEAF STREET HOLLYWOOD FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1594 Weeping Willow Way
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERGER, DANIEL 1090 SATIN LEAF STREET HOLLYWOOD FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1594 Weeping Willow Way
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CR2E034 (9/99)

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: _____ March 29th 00 954 929 9436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #