

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90113 005 ***158.75

A0074894

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000040368			
1. Entity Name DE DORADO ANTIQUES GALLERY CORP.			
Principal Place of Business 2121 PONCE DE LEON SUITE 240 CORAL GABLES, FL. 33134		Mailing Address 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL. 33134	
2. Principal Place of Business 7219 S.W. 48 STREET		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI, FL.		City & State	
Zip 33155	Country USA	Zip	Country
6. Name and Address of Current Registered Agent GABRIEL PRATS 2121 PONCE DE LEON SUITE 240 CORAL GABLES, FL. 33134		7. Name and Address of New Registered Agent Name FRANCISCO R. FERNANDEZ Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD SUITE 240 City CORAL GABLES, FL Zip Code 33134	

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) <input type="checkbox"/>		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. <input type="checkbox"/> \$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	D, P, T ERASMO TOLEDO 1110 WALLACE ST. CORAL GABLES, FL. 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P, T ERASMO TOLEDO 7219 S.W. 48 STREET MIAMI, FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, P, S. SONIA A. TOLEDO 1110 WALLACE ST. CORAL GABLES, FL. 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, P, S. SONIA A. TOLEDO 7219 S.W. 48 STREET MIAMI, FL. 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/99)

Attachment Rec # P97000040368
A0074894

August 29, 2000

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500

To whom it may concern:

Our Accountants have checked the records at the Division of Corporations and found that the 2000 Uniform Business Report (U.B.R.) for our company has not been filed.

According to our records we didn't receive the 2000 U.B.R. form. Enclosed is a completed 2000 U.B.R. and a check for \$158.75. We hereby request an abatement of the \$400.00 filling late penalty.

If you have any questions, please call our accountants Prats Fernandez & Co. at Tel: (305) 444-8333.

Sincerely,


De Dorado Antiques Gallery Corp.