FILED
Jun 26, 2003 8:00 am
Secretary of State

6/9/2

06-09-2003 90121 009 ***150.00
06-26-2003 90039 018 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083532

1. Entity Name
MAURICE ADAMS WHOLESALE ANTIQUES, INC.

(L) ✓

Principal Place of Business	Mailing Address
4441 COLLINS AVE	4441 COLLINS AVE
MIAMI BEACH, FL 33140	MIAMI BEACH, FL 33140

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0793772 ☐ 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
TEBELE, SOPHIE	Name
16711 COLLINS AVENUE	Street Address (P.O. Box Number is Not Acceptable)
MIAMI BEACH, FL 33160	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sophie Tebele 4/25/03
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	TEBELE, SOPHIE		NAME	Murray TEBELE	
STREET ADDRESS	16711 COLLINS AVENUE		STREET ADDRESS	645 East Atlantic Ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33160		CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Murray Tebele 4/25/03 561-330-0195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #