

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107488

1. Entity Name

ABC ANTIQUES & COLLECTIBLES, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90060 045 ***150.00

CU042756



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

131 E. HILLSBORO CT
DEERFIELD BCH FL 33441

131 E. HILLSBORO CT
DEERFIELD BCH FL 33441-3535

2. Principal Place of Business

3. Mailing Address

131 E. Hillsboro Ct.

131 E. Hillsboro Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA

City & State

FLORIDA

DEERFIELD BEACH

DEERFIELD BEACH

Zip

Country

Zip

Country

33441 U.S.

33441 U.S.

4. FEI Number

65-0799871

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

LEIBESKIND, PAUL
131 E HILLSBORO CT
DEERFIELD BCH FL 33441

Name

LIEBESKIND, PAUL

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	PST	<input type="checkbox"/> Delete
NAME	LIEBESKIND, PAUL	
STREET ADDRESS	131 E. HILLSBORO CT	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Paul Liebeskind

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2000 954-571-9199

Date

Daytime Phone #

CR2E034 (9/99)