FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

Apr 01, 2002 8:00 am Secretary of State P98000018198 **DOCUMENT #** 1. Entity Name 04-01-2002 90653 006 ***150.00 NAGEL ANTIQUES, INC. Principal Place of Business Mailing Address 2882 N FEDERAL HWY 2882 N FEDERAL HWY BOCA RATON FL 33431 BOCA-RATON FL-33431 2. Principal Place of Business 3. Mailing Address 2540 SW 2540 Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0854935 landale Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BOLANOS. JOSE A** Street Address (P.O. Box Number is Not Acceptable) 2121 PONCE DE LEON BLVD., SUITE 600 **CORAL GABLES FL 33134** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01)☐ Delete (C) Change ☐ Addition TITI F TITLE NAGEL, RICARDO NAME NAME CR2E034 2082 N FEDERAL HWY 2540 SW STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE PORTUGUEIS, JACQUELINE NAME 2882 N FEDERAL HWY 2540 $s\omega$ 30 Ave STREET ADDRESS STREET ADDRESS BOCA RATON FL 33431 CITY-ST-7IP CITY-ST-7IP VP/S TITLE Delete TITLE ☐ Addition nagel, alan NAME NAME STREET ADDRESS 2882 N FEDERAL HWY STREET ADDRESS 2540 SW 30 AVE-CITY-ST-ZIP BOGA RATON FL 33431 CITY-ST-ZIP HallAndale FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 postee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if