

2002 UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

04-01-2002 90653 006 \*\*\*150.00

0130794 AV

DOCUMENT # P98000018198

1. Entity Name  
NAGEL ANTIQUES, INC.

Principal Place of Business  
2882 N FEDERAL HWY  
BOCA RATON FL 33431

Mailing Address  
2882 N FEDERAL HWY  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
2540 Sw 30 Ave  
Suite, Apt. #, etc.

3. Mailing Address  
2540 Sw 30 Ave  
Suite, Apt. #, etc.

City & State  
Hallandale FL

City & State  
Hallandale FL

4. FEI Number 65-0854935 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BOLANOS, JOSE A  
2121 PONCE DE LEON BLVD., SUITE 600  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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, 2002 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	P/S NAGEL, RICARDO 2882 N FEDERAL HWY BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2540 SW 30 Ave Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T PORTUGUEIS, JACQUELINE 2882 N FEDERAL HWY BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2540 SW 30 Ave Hallandale FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S NAGEL, ALAN 2882 N FEDERAL HWY BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2540 SW 30 Ave Hallandale FL 33009
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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: X Alan Nagel DATE: X 3-21-02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)