2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026136

1. Entity Name

ANTIQUES & SUCH, INCORPORATED

FILED
May 12, 2000 8:00 am
Secretary of State

04-18-2000 90206 015 ***150.00

Principal Place of Business	Mailing Address
22976B OXFORD PLACE BOCA RATON FL 33433	22976B OXFORD PLACE BOCA RATON FL 33433-6850

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country	4. FEI Number 65-0821999	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
WEINTRAUB, PHYLLIS 3000 N.W. 48TH TERRACE #217 LAUDERDALE LAKES FL 33313	Name ARLENE SPENCER Street Address (P.O. Box Number is Not Acceptable) 22976 B OXFORD PLACE City BOCA RATON FL Zip Code 33433

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 _Arlene Spencer_ ARLENE SPENCER, DIRECTOR (NOTE: Registered Agent signature required when reinstating) DATE 4/15/00

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 D NAME WEINTRAUB, PHYLLIS STREET ADDRESS 3000 N.W. 48TH TERRACE #217 CITY-ST-ZIP LAUDERDALE LAKES FL 33313	☐ Delete	TITLE D NAME WEINTRAUB PHYLLIS STREET ADDRESS 5258 EUROPA DRIVE #E CITY-ST-ZIP BOYNTON BEACH FL 33437	☒ Change	☐ Addition
TITLE D NAME SPENCER, ARLENE STREET ADDRESS 22976 B OXFORD PLACE CITY-ST-ZIP BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ 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: _Arlene Spencer_ Arlene Spencer 4/27/00 888 561-470-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)