2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000062512 KIM KELLAR ANTIQUES, INC.

FILED Apr 07, 2000 8:00 am Secretary of State 04-07-2000 90030 047 ***150.00

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rincipal Place	e of Busiless	Mailing Address					
020 NORTH FEDERAL HIGHWAY. UNIT #8-R LAZA 3000 ORT LAUDERDALE FL 33306		264 CODRINGTON DR. LAUDERDALE BY SEA FL 33308-5923			U0054204		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPACE	-
City & State		City & State			4. FEI Number 65-0869043	. <u>}</u>	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired	S8.75 Ad Fee Require	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ANASTASIOU, VAN E 305 SOUTHEAST 18TH COURT FORT LAUDERDALE, FL 33316			Name Kim Kellat. Street Address (P.O. Box Number is Not Acceptable) 21.4 Codiffic ford Dare City City City Sea FL Zip Code 33308				
	named entity submits this statement for	the surrouse of shancing its ro					308
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS TITLE ONOTE: B NOTE: B			FEE IS \$150. Fee will be \$	550.00	10. Election Campaign Fina	Adde	DO May Be do to Fees
NAME Street Address City-St-Zip	KELLAR, KIM 3020 NORTH FEDERAL HIGHW/ FORT LAUDERDALE FL 33306	,	NAME STREET ADDRESS CITY-ST-ZIP				
TITLE Name Street address City-st-zip	KELLAR, John 3020 North Federal Port Lauderdale, PL Vice President	Hwy, Onit #F-R	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Key 3020	President ar, John North Federal Hwy Handerbull, Pc 3	□ Change 1, Uni+*8-R 3306	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PIESCOCIO	☐ 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-SJ-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 of indicated	pertify that the information supplied with on this report or supplemental report is	h this filing does not qualify for the strue and accurate and that my	he exemption sta	ated in Sec have the sa	tion 119.07(3)(i), Florida Statutes. I ame legal effect as if made under o	further certify that the ath; that I am an office	information er 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: 1