2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State
05-22-2001 90025 010 ***150.00

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DOCUMENT # P98000071225

1. Entity Name
VIRGINIA ANTIQUES INC.

Principal Place of Business	Mailing Address
18816 W LAKE DRIVE MIAMI LAKES FL 33015	18816 W LAKES DRIVE MIAMI LAKES FL 33105

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18816 W LAKE DRIVE	18816 W LAKE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI LAKES FL	City & State: MIAMI LAKES FL
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number 65-0856641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
HECTOR J GONZALEZ
18816 W LAKE DRIVE
MIAMI LAKE FL 33015

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 ______________________
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) XX

FILE NOW!!! FEE IS $150.00 After May 1, $400 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/D HECTOR J GONZALEZ 18816 W LAKE DRIVE MIAMI LAKES FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 30 ABRIL 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #