2000 UNIFORM BUSINESS REPORT (UBR) Mar 30, 2000 8:00 am Secretary of State DOCUMENT # P98000073016 FRENCH ANTIQUES, INC. 03-30-2000 90049 043 ***150.00 Mailing Address Principal Place of Business 700 E. DANIA BEACH BOULEVARD /UO E. DANIA BEACH BOULEVARD SUITE 202 202 **CUU40**390 DANIA FL 33004-3031 FL 33004 2. Principal Place of Business 3.- Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0859783 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VIVIES, PATRICK Street Address (P.O. Box Number is Not Acceptable) 700 E. DANIA BEACH BOULEVARD SUITE 202 DANIA FL 33004 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) **PDTS** ☐ Change ☐ Addition TITLE Delete TITLE IFRAH, ALBERT NAME NAME 14 AVE GAMBETTA STREET ADDRESS STREET ADDRESS CITY-SY-ZIP PARIS FRANCE 75020 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change Delete ... TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Daytimo Phone # SIGNATURE AND TED NAME OF SIGNING OFFICER OR DIRECTOR