

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90045 016 ***150.00

DOCUMENT # P98000077530

1. Entity Name

ANTIKS SAS & CO., INC.

Principal Place of Business	Mailing Address
701 LYONS ROAD, STE. 13-207 COCONUT CREEK FL 33063	701 LYONS ROAD, STE. 13-207 COCONUT CREEK FL 33063-6719



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
931 LYONS RD Suite, Apt. #, etc. 4201		931 LYONS RD Suite, Apt. #, etc. 4201	
City & State COCONUT CREEK FL		City & State COCONUT CREEK FL	
Zip 33063	Country	Zip 33063	Country

4. FEI Number 65-0882695	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SAS, VERONIKA 701 LYONS ROAD SUITE 13-207 COCONUT CREEK FL 33063	

7. Name and Address of New Registered Agent	
Name SAS, VERONIKA	
Street Address (P.O. Box Number is Not Acceptable) 931 LYONS RD # 4201	
City COCONUT CREEK FL	Zip Code 33063

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 <i>[Signature]</i>	DATE 4-24-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SAS, VERONIKA 701 LYONS ROAD, STE. 13-207 COCONUT CREEK FL 33063	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D, P SAS, VERONIKA 931 LYONS RD # 4201 COCONUT CREEK FL 33063
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
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
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
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
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: <i>[Signature]</i>	DATE Date	DAYTIME PHONE # Daytime Phone #
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CR2E034 (9/99)