

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000084900

1. Entity Name
DIANA'S ANTIQUE GALLERY

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Principal Place of Business
1667 S.W. 11 St.
MIA, FL 33135

2. Principal Place of Business
1667 S.W. 11 St.
Suite, Apt. #, etc.

3. Mailing Address
1667 S.W. 11 St.
Suite, Apt. #, etc.

City & State
MIA, FL
33135 USA

4. FEI Number
05-0865951

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

DIANA PETERS
1667 S.W. 11 St.
MIA, FL 33135

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) ☐

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
DIANA PETERS Pres. 1667 S.W. 11 St. MIA FL 33135
Delete
Delete
Delete
Delete
Delete
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
TS
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: Diana Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00 305-6425565
Date Daytime Phone #

FILED
00 JUL 17 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
00067229

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)