

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012977

1. Entity Name

DMK ANTIQUES, INC.

Principal Place of Business

3315 S. DIXIE HWY
WEST PALM BEACH FL 33405

Mailing Address

3315 S. DIXIE HWY
WEST PALM BEACH FL 33405-1969

2. Principal Place of Business

612 N FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

612 N FEDERAL HWY
Suite, Apt. #, etc.

City & State

BOYNTON BEACH
Zip 33465 Country FL

City & State

BOYNTON BEACH
Zip 33465 Country FL

6. Name and Address of Current Registered Agent

SOULARD, PATRICE
3315 S. DIXIE HWY
WEST PALM BEACH FL 33405

4. FEI Number

65-0903335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name MAUREL DANIEL
Street Address (P.O. Box Number is Not Acceptable)
612 N FEDERAL HWY
City BOYNTON BEACH FL Zip Code 33465

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]*

Signature of or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5/1/00
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	D	<input type="checkbox"/> Delete
NAME	MAUREL DANIEL	
STREET ADDRESS	3315 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	612 North Federal Hwy	
STREET ADDRESS	Boynton Beach, FL	
CITY-ST-ZIP	33465	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/00
Date

Daytime Phone #

FILED
Sep 12, 2000 8:00 am
Secretary of State

05-24-2000 90178 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)