

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013735

1. Entity Name

E.Q. ANTIQUES, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90040 003 \*\*\*158.75

Principal Place of Business

12320 N.E. 6 AVE.  
NORTH MIAMI FL 33161

Mailing Address

12320 N.E. 6 AVE.  
NORTH MIAMI FL 33161-5514

2. Principal Place of Business

3. Mailing Address

P.O. Box 531037

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Shores FL

4. FEI Number

65-0893096

Applied For

Not Applicable

Zip

Country

Zip

Country

33153-1037

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283

7. Name and Address of New Registered Agent

Name Elizabeth S. Quintana

Street Address (P.O. Box Number is Not Acceptable)

12320 N.E. 6 Ave.

City

N. Miami

FL

Zip Code

33161

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

Elizabeth S. Quintana, Director

4/12/2000

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 D  
NAME QUINTANA, ELIZABETH S  
STREET ADDRESS 12320 N.E. 6 AVE.  
CITY-ST-ZIP NORTH MIAMI FL 33161

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Sec'y (S)  
NAME QUINTANA, EDMUNDO  
STREET ADDRESS 12320 N.E. 6 AVE  
CITY-ST-ZIP N. MIAMI, FL 33161

☐ Change ☒ Addition

TITLE Pres & Director (P/S)  
NAME Quintana, Elizabeth S.  
STREET ADDRESS 12320 N.E. 6 AVE  
CITY-ST-ZIP N. Miami, FL 33161

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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:

Elizabeth S. Quintana

4/12/00

305-891-0909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)