

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000075588

1. Entity Name

LOUIS XIV ANTIQUES, INC.

**FILED**  
**Aug 31, 2000 8:00 am**  
**Secretary of State**

08-31-2000 90101 043 \*\*\*550.00

A0074658



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2256 S.W. 16TH AVENUE  
 MIAMI FL 33145

Mailing Address

2256 S.W. 16TH AVENUE  
 MIAMI FL 33145

2. Principal Place of Business

1003 SW 27 AVE

3. Mailing Address

1003 SW 27 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0945279

Applied For

Not Applicable

Zip

33135

Country

USA

Zip

33135

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, CARLOS M  
 2256 S.W. 16TH AVENUE  
 MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

CARLOS M. FERNANDEZ

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

1903 SW 17 AVE

City

MIA

FL

Zip Code

33145

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

*Carlos M. Fernandez*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, LEONY	
STREET ADDRESS	2256 S.W. 16TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33145	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, LEONY	
STREET ADDRESS	1903 SW 17 AVE, MIA, FL. 33145	
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		
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:

*Leony Fernandez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/00  
 Date

305-644-0055  
 Daytime Phone #

CR2E034 (5/00)