

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90167 038 ***150.00

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1. Entity Name
JOSEPHINE ANTIQUES INC.

Principal Place of Business
**3611 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405**

Mailing Address
**3611 SOUTH DIXIE HIGHWAY
WEST PALM BEACH FL 33405**



2. Principal Place of Business

2539 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

221

City & State

Miami, FLORIDA

Zip
33133

Country
USA

3. Mailing Address

2539 SOUTH BAYSHORE DRIVE

Suite, Apt. #, etc.

221

City & State

Miami, FLORIDA

Zip
33133

Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0974579

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VANPOUCKE, ERIC M
2539 SOUTH BAYSHORE DRIVE
APT 221
MIAMI FL 33133**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eric Vanpoucke* **ERIC VANPOUCKE** 04/07/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P. VANPOUCKE, ERIC	2539 SOUTH BAYSHORE DRIVE	MIAMI FL 33133	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric Vanpoucke* **SIGNATURE REQUIRED VANPOUCKE** 04/07/2003 561 876 5928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)