

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**  
 06-05-2000 90017 042 \*\*\*150.00

DOCUMENT # <b>V48909</b>			
1. Entity Name <b>ANTIQUE CENTER, INC.</b>			
Principal Place of Business <b>2044 S.W. 28th Lane</b> <b>Miami, FL 33133</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-0350407</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>Sadi Guney</b> <b>2044 S.W. 28 Lane</b> <b>Miami, FL 33133</b>		7. Name and Address of New Registered Agent Name <b>Mohammad Masri</b> Street Address (P.O. Box Number is Not Applicable) <b>2044 S.W. 28th Lane</b> City <b>Miami</b> FL Zip Code <b>33133</b>	
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 <b>X</b> <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>X</b> <b>4/19/00</b>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>DPS</b> NAME <b>Allen Masri</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2044 S.W. 28th Lane</b> CITY-ST-ZIP <b>Miami, FL 33133</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <b>DT</b> NAME <b>Mohammad Masri</b> <input type="checkbox"/> Delete STREET ADDRESS <b>2044 S.W. 28th Lane</b> CITY-ST-ZIP <b>Miami, FL 33133</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete 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: <b>X</b> <i>[Signature]</i>		Date <b>4/19/00</b> Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE