FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V48909 1. Entity Name 7					OZ OCT 17 PM 2: 06 SECRETARY DE STATE TALLAHASSEE, FLORIT	
ANTIQUE CENTER, INC.						
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 2644 SW 28TH LANE 2644 SW 28TH			H LANE	<u> </u>	- 017	
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
	FLORIDA ,	City & State	!DA		4. FEI Number 65-0350407 Applied For Not Applied For	
^{Zip} 33133	Country	Zip 33133	Count		5. Certificate of Status Desired S8.75 Additional Fee Required	
The State of the S					7. Name and Address of Current Registered Agent	
*.	DO NOT \	NRITE		ALLE	N MASRI P.O. Box Number is Not Acceptable)	
	IN THIS S	PACE			and the state of t	
				2644 SW 28TH LANE		
R The above	o mond only substitute the	30 (3 %)		City MIAMI	FL Zip Code 33133	
U. THE ADOV	e named entity sudmits this statemen	tor the purpose of changing	g its registered	i office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable	NOTE: Registered	Agent signature required	10/10/02	
Tax filing	oration is eligible to satisfy its Intangi requirement and elects to do so, eria on back) OFFICERS A	After N	May 1 Fee is ded UBR is yable to Der	\$550.00 \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
TITLE	D/P/S	AD DIRECTORS	TITLE *	<u>, , , , , , , , , , , , , , , , , , , </u>	.700008701577	
NAME STREET ADDRESS CITY-ST-ZIP	2044 SW 281H LANE		NAIVE	ADDRESS	10/30/02-01076-018 **600.00	
TITLE	D/T/VP		Int.	THE STATE OF THE S		
NAME STREET ADDRESS CITY+ST-ZIP	MOHAMMAD MASRI 2644 SW 28TH LANE, M	IIAMI, FL 33133	NAVE. STREET CITY-ST	address		
TITLE -						
STREET ADDRESS			NAME STREET	ADDRESS	DO NOTANDITE	
CHY-SI-ZIP TITLE		Blot. Johnson	Cf(Y-S)	-ZIP	DO NOT WRITE	
NAME STREET ADDRESS			JITLE NAME	II	IN THIS SPACE	
CITY-ST-ZIP			:STREET /			
titi.e Name	•		*TITLE			
STREET ADDRESS			NAME STREET	ODRESS		
CITY-ST-ZIP FITLE	, , , , , , , , , , , , , , , , , , ,		, CiTY-ST	ZIP	And the second of the second o	
NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET A CITY ST	ZIP		
 I hereby c indicated of the corp attachmen 	certify that the information supplied with on this report or supplemental report poration or the receiver or trustee end with an address with all other like of	th this filing does not qualify is true and accurate and that apowered to execute this repempowered.	for the exemp t my signature port as require	tion stated in Sect shall have the said by Chapter 607	ion 119.07(3)(i), Florida Statutes. I further certify that the information me logal effect as if made under oath; that I am an officer or director , Florida Statutes; and that my name appears in Block 11 or on an	
SIGNAT		PRINTED NAME OF SIGNING OFFICE		Mohamo	d Mosr: 305-858-6166	
	SIGNATORE AND TITED OF	FOR I ED HAME UP SIGNING OFFICE	K OR DIRECTOR		Date Daytime Phone #	

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TO: DIVISION OF CORPORATION P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2001 UNIFORM BUSINESS REPORT (FIRST NOR SECOND NOTICE OF THE UBR). I HAVE NOT CHANGED MY PRINCIPAL OR MAILING ADDRESS SINCE I INCORPORATED.

I MADE A CHANGE IN BANKING ACCOUNTS WHEN I FOUND OUT THAT I WAS NOT ACTIVE WITH YOUR OFFICE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT MY CORPORATION IN ITS ACTIVE STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER.

CORDIALLY

MOHAMMAD MASRI

V/T/D