2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2003 8:00 am Secretary of State

02-18-2003 90095 037 ***150.00

DOCUMENT # D. Eritity Name ANTIQUE CENTER, INC.	V48909	
Principal Place of Business 2644 S.W. 28TH LANE MIAMI FL 33133	Mailing Address 2644 S.W. 28TH LANE	

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2. Principal 2644 Suite, Apr		3. Mailing Address 2644 S. L. Suite, Apt. #, etc.	J. 28	Ln.					
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City & Sta	mi Fl.	City & State Miami, FI	7.		4. FEI Number	65-0350407		_	Applied For Not Applicabl
Zip 3313	Country	33/33	Country	S.A.	5. Certificate of S	tatus Desired	0 9	8.75 A	dditiona?
	6. Name and Address of Curren	t Registered Agent	T - T		7. Name and Add	ress of New Re		ee Requi	red
MACOL -	Alippi Serversione			Name				· · · · · ·	
MASRI, 7 2644 S V	allen W. 28TH LANE			Street Address	(P.O. Box Number is I	Not Acceptable)			
MIAMI FL			-	-				<u>·</u>	
			-	City				I ±	
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the obliga	e named entity submits this statement for ations of registered agent.	or the purpose of changing its	registered	l office or registe	ered agent, or both, in	the State of Flor	ida. Iam fau	niliar with	, and accept
•									•
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	E: Registered A	gent signature require	ed when reinstating)	<u> </u>	DATE		· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agent		E: Registered A	gent signature require					
SIGNATURE F	Signature, typed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00		E: Registered A	Çent signature require	9. Election	Campaign Fina	ncing,		00 May Be
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I hereby certify that the information supplied with this filling 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. 3a5-

SIGNATURE:

SIGNATURE REQUIRED

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