FROM : FAX NO. :

FILED
Aug 26, 2002 8:00 am
Secretary of State
07-29-2002 90009 015 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000077072

1. Entity Name

ANIRAM ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

42139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3625 NW 82 Ave		3625 NW 82 Ave.	
Suite, Apt #, etc. 407		Suite, Apt #, etc. 407	
City & State Miami, FL		City & State Miami, FL	
Zip 33166	Country USA	Zip 33166	Country USA

4. FEI Number 65-1127951 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ARMANDO HERNANDEZ, CPA, PA

Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE, STE 720

City CORAL GABLES FL Zip Code 33134

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 [signature] ARMANDO HERNANDEZ PRES 8/21/2
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD	TITLE	
NAME	Wagner J. Garcia	NAME	
STREET ADDRESS	3625 NW 82 Ave. #407	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33166	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres. WAGNER J. GARCIA 7/24/2 305-597-7013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #