


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90114 006 \*\*\*150.00  
01-13-2003 90362 016 \*\*\*150.00

**DOCUMENT #** P02000086469

1. Entity Name  
**D'ANTICH, INC.**



Principal Place of Business  
**324 N.W. 153RD LANE  
PEMBROKE PINES FL 33028**

Mailing Address  
**324 N.W. 153RD LANE  
PEMBROKE PINES FL 33028**

**55053588**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Zip Country

4. FEI Number  
**32-0025627**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ANTICH, ROBERT F.  
324 N.W. 153RD LANE  
PEMBROKE PINES FL 33028**

7. Name and Address of New Registered Agent  
Name: **ROBERTO Antich**  
Street Address (P.O. Box Number is Not Acceptable): **324 N.W. 153 LANE**  
City: **PEMBROKE PINES**  
State: **FL** Zip Code: **33028**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>ANTICH, ROBERTO</b>	
STREET ADDRESS <b>324 N.W. 153RD LANE</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33028</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DANIA ANTICH</b>	
STREET ADDRESS <b>324 N.W. 153 LANE</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33028</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** ROBERTO ANTICH **REQUIRED** ROBERTO ANTICH 7/21/03 786.2774982

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

D'Antich Inc.  
324 N W 153 Lane  
Pembroke Pines  
Fl. 33028

August ,04,2003

55053588  
P.O. 2000086409

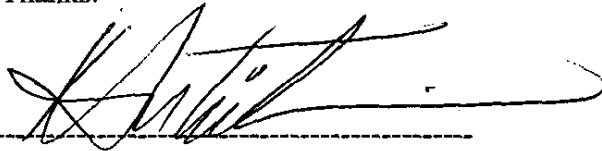
To whom it may concern:

We send the minimum amount required for a corporation filing because I received  
the first notice for payment about 15 days ago.

we also send you a previous letter for the same reason,

If you need to contact us, 786 2774982.

Thanks.

A handwritten signature in black ink, appearing to read "D'Antich", is written over a horizontal dashed line.