

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90259 039 ***150.00

DOCUMENT # P93000087633

1. Entity Name

ANPIVE INC.

Principal Place of Business

Mailing Address

3399 NW 72ND AVE
 SUITE 121
 MIAMI FL 33122

3399 NW 72ND AVE
 SUITE 121
 MIAMI FL 33122-1341

2. Principal Place of Business

3. Mailing Address

6050 La Gorce Dr.
 Suite, Apt. #, etc.

6050 La Gorce Dr.
 Suite, Apt. #, etc.

City & State

City & State

Miami Beach FL

Miami Beach 33140

Zip

Country

Zip

Country

33140

4. FEI Number

65-0456041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANZANO, DIANA
20355 NE 34 COURT, APT 2229
AVENTURA FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** Delete
 NAME **MANZANO, DIANA**
 STREET ADDRESS **20355 N.E. 34 COURT, APT. 2229**
 CITY-ST-ZIP **AVENTURA FL**

TITLE Change Addition
 NAME *DPS Diana Manzano*
 STREET ADDRESS *→ 6050 La Gorce Dr.*
 CITY-ST-ZIP *Miami Beach FL 33140*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Diana Manzano

4/10/00 (305) 8105-2052

CR2E034 (9/99)