

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

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90090 039 \*\*\*150.00

**DOCUMENT # P93000087633**

1. Entity Name  
**ANPIVE INC. D/B/A. DEPOT RESTAURANT EQUIP**



Principal Place of Business  
**6050 LAGORCE DR.  
MIAMI BCH FL 33140**

Mailing Address  
**6050 LAGORCE DR.  
MIAMI BCH FL 33140**

2. Principal Place of Business

**2790 N.W. 79th AVE.**

3. Mailing Address

**2790 N.W. 79th AVE.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FLORIDA**

City & State

**MIAMI FLORIDA**

Zip

Country

**33122 DADE**

Zip

Country

**33122 DADE**

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

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

7. Name and Address of New Registered Agent

Name **REYNALDO BERNEY**

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

**6050 LAGORCE DRIVE**

City **MIAMI BEACH**

FL

Zip Code

**33140**

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 **REYNALDO BERNEY**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**01/14/03**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS**  
NAME **MANZANO, DIANA**  Delete  
STREET ADDRESS **6050 LAGOVER DR.**  
CITY-ST-ZIP **MIAMI BCH FL 33140**

TITLE **P/D/S**  
NAME **REYNALDO BERNEY**  Change  Addition  
STREET ADDRESS **2790 N.W. 79th AVENUE**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  Change  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)(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.

SIGNATURE: **SIGNATURE REYNALDO BERNEY**

**01/14/03**

**305-599-8886**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

4243310 AV