

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90117 008 ***150.00

02/10/03 AV

DOCUMENT # **P95000064200**

1. Entity Name
ANPESIL OF FLORIDA, INC.



Principal Place of Business
**7190 NW 12TH STREET
MIAMI FL 33126**

Mailing Address
**7190 NW 12TH STREET
MIAMI FL 33126**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0608693**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PELAEZ, EMILIO
7190 N.W. 12TH STREET
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	ALPIZAR, OLGA	
STREET ADDRESS	6059 BOULEVARD EAST	
CITY-ST-ZIP	WEST NEW YORK NJ 07093	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PELAEZ, ANTONIO JR.	
STREET ADDRESS	797 SHETLAND LANE	
CITY-ST-ZIP	RIDGEFIELD NJ 07657	
TITLE	T	<input type="checkbox"/> Delete
NAME	PELAEZ, EMILIO	
STREET ADDRESS	7 ALPINE DRIVE	
CITY-ST-ZIP	CLOSTER NJ 07624	
TITLE	S	<input type="checkbox"/> Delete
NAME	PELAEZ, LUIS M	
STREET ADDRESS	45 SILO LANE	
CITY-ST-ZIP	WARWICK NY 10990	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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)(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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

Daytime Phone #

CR2E034 (10/02)