

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

DOCUMENT # P96060048820

1. Entity Name

AUANTIFER, INC.

FILED

02 APR 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1725 N.E. 164TH STREET

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH, FL

City & State

Zip
33162

Country
USA

Zip

Country

4. FFI Number

65-0669480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Philip E. Goss, Jr., ESQ

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

1172 S. Dixie Hwy. P.M.B. 188

City

COVINGTON

FL

Zip Code

33146

**DO NOT WRITE
IN THIS SPACE**

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

Philip E. Goss, Jr.

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

(NOTE: Registered Agent signature required when reappointing)

04/29/02

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
NAME
STREET ADDRESS
CITY - ST - ZIP
P.D.
DANIEL S. YOUNG III
1725 N.E. 164TH STREET
N. MIAMI BEACH, FL 33162

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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: X

Daniel S. Young III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/29/02

Daytime Phone

X 305 949-5224

CR2E034B (12/01)