

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90041 037 ***150.00

DOCUMENT # P97000066833

1. Entity Name

ANTHONY'S LITTLE HOME CORP.

Principal Place of Business

**230 NW 145 STREET
 N MIAMI FL 33168**

Mailing Address

**1324 NE 179TH STREET
 MIAMI FL 33162**

2. Principal Place of Business

3. Mailing Address

4938 SW 165 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIRAMAR, FLORIDA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33022

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

**GONZALEZ, JUAN C
 1324 NE 179TH STREET
 MIAMI FL 33162**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	PVST	GONZALEZ, JUAN C	230 NW 145 STREET N MIAMI FL 33168	☐					☐	☐
	D	GONZALEZ, JUAN C	230 NW 145 STREET N MIAMI FL 33168	☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐
				☐					☐	☐

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 Block 12 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

4/19/02
 Date

305 788-0900
 Daytime Phone #

CR2E034 (9/01)