

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **098000006055**

1. Entity Name

ANI - Wynwood, Inc.

FILED

01 JAN 26 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: ~~2605 S. Bayshore Dr. #202~~
~~Coconut Grove, FL 33133~~

Mailing Address: ~~2605 S. Bayshore Drive #202~~
~~Coconut Grove, FL 33133~~

2. Principal Place of Business: **9400 S. Dadeland Blvd**

3. Mailing Address: **9400 S. Dadeland Blvd**

Suite, Apt. #, etc.: **Suite 100**

DO NOT WRITE IN THIS SPACE

City & State: **Miami FL**

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Zip: **33156** Country: **USA**

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4. FEI Number: **65-0881186**

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

6. Name and Address of Current Registered Agent

Green, Patricia K
2200 Museum Tower
150 W. Flagler St
Miami, FL 33130

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **300003623823-3**

City: **MIAMI FL 33130**

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: _____ (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, 2001 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

TITLE	Director <input type="checkbox"/> Delete
NAME	Walton, Louis III
STREET ADDRESS	2605 S. Bayshore Dr. #202
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	Director <input type="checkbox"/> Delete
NAME	Wohl, Michael D
STREET ADDRESS	2605 S. Bayshore Dr. #202
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	Director <input type="checkbox"/> Delete
NAME	Deutch, David O
STREET ADDRESS	2605 S. Bayshore Dr. #202
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	Director <input type="checkbox"/> Delete
NAME	Friedman, Mitchell
STREET ADDRESS	2605 S. Bayshore Dr. #202
CITY-ST-ZIP	Coconut Grove, FL 33133
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walton, Louis III
STREET ADDRESS	9400 S Dadeland Blvd, #100
CITY-ST-ZIP	Miami, FL 33156
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wohl, Michael D
STREET ADDRESS	9400 S. Dadeland Blvd, #100
CITY-ST-ZIP	Miami, FL 33156
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deutch, David O
STREET ADDRESS	9400 S. Dadeland Blvd, #100
CITY-ST-ZIP	Miami, FL 33156
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Friedman, Mitchell
STREET ADDRESS	9400 S. Dadeland Blvd, #100
CITY-ST-ZIP	Miami, FL 33156
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: David O. Deutch **David O. Deutch** 1/24/01 (305) 854-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)

SP