

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90314 010 ***150.00

DOCUMENT # 311065

1. Entity Name

ANCHELL REALTY, INC.

Principal Place of Business

1151 N W 119TH ST
POST OFFICE BOX 680-278
N MIAMI FL 33168

Mailing Address

1151 N W 119TH ST
POST OFFICE BOX 680-278
N MIAMI FL 33168

2. Principal Place of Business

5401 TYLER ST
Suite, Apt. #, etc.

3. Mailing Address

5401 TYLER ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

59-1155331

Applied For

Not Applicable

Zip

33021

Country

Broward

Zip

33021

Country

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

6. Name and Address of Current Registered Agent

ANCHELL, ROBERT J.
1151 NW 119 ST.
MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Anchell Robert J

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

5401 TYLER STREET

City

Hollywood

FL

Zip Code

33021

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

2-21-01

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	ANCHELL, ROBERT	
STREET ADDRESS	1151 N.W. 119TH ST.	
CITY-ST-ZIP	N MIAMI FL 33168	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANCHELL, ROBERT	
STREET ADDRESS	1151 N.W. 119TH ST	
CITY-ST-ZIP	N. MIAMI FL 33168	

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"/> 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	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert J Anchell	
STREET ADDRESS	5401 TYLER ST	
CITY-ST-ZIP	Hollywood FL 33021	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert J Anchell	
STREET ADDRESS	5401 TYLER ST	
CITY-ST-ZIP	Hollywood FL 33021	

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		

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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J Anchell

2/21/01

Date

Daytime Phone #

954 966 6953

CR2E034 (10/00)