

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90095 021 \*\*\*150.00

0211228 AV

**DOCUMENT # 606835**

1. Entity Name  
**ANHINGA TRADING COMPANY**

Principal Place of Business

**430 VALNECIA  
SUITE 6  
CORAL GABLES FL 33134  
US**

Mailing Address

**430 VALENCIA AVE.  
SUITE 6  
CORAL GABLES FL 33134  
US**

2. Principal Place of Business

**2534 SW 6<sup>th</sup> STREET**

3. Mailing Address

**2534 SW 6<sup>th</sup> STREET**

Suite, Apt. #, etc.

**ATTN: RAC**

Suite, Apt. #, etc.

**ATTN: RAC**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33135**

Country

**USA**

Zip

**33135**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1871368**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CRISONINO, RICHARD A  
2534 SW 6TH ST.  
MIAMI FL FL 33135**

7. Name and Address of New Registered Agent

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

TITLE **PST** ☐ Delete  
NAME **BORONA, JAMES**  
STREET ADDRESS **430 VALENCIA, STE. 6**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ Delete  
NAME **BORONA, JAMES**  
STREET ADDRESS **1705 CORTEZ ST**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VP** ☐ Delete  
NAME **BORONA, JAMES**  
STREET ADDRESS **1705 CORTEZ ST**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 files empowered.

SIGNATURE:

**James S. Borona**  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/02 305-445-6789**

Date

Daytime Phone #

CR2E034 (9/01)