## 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F0000006590 1. Entity Name

ANTHEM WORLD TRANSPORT, INC.

782 N.W., LE JEUNE RD. STE 632

## FILED Apr 30, 2001 8:00 am Secretary of State

04-30-2001 90105 032 \*\*\*150.00

Principal Place of Business Mailing Address 782 N.W. LE JEUNE RD. STE 632 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 8730 N.W. i01 3. Mailing Address 8730 N.W 101 ST. S7 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE MODLEY MEDLES City & State City & State 4. FEI Number 65- 1058 256 Applied For Not Applicable Country <sup>zig</sup>33178 Country USA \$8.75 Additional 33178 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONDONO, LUIS Street Address (P.O. Box Number is Not Acceptable) 7201 S.W. 76TH ST. MIAMI FL 33143-4242 City 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's gnature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CD ☐ Delete TITLE CR2E034 (10/00) ☐ Change ☐ Addition NAME EMPOSIMATO, ANTHONY D NAME STREET ADDRESS STREET ADDRESS 109 FOREST DR. CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ TITLE **VD** ☐ Delete TITLE ☐ Change Addition NAME MELENDEZ, LEOPOLDO NAME STREET ADORESS STREET ADDRESS 441 FRAILE ST. CITY-ST-ZIP CITY-ST-ZIP PONCE PR ☐ Delete TET! F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P TITLE TITLS ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 7071.9 Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS -ett y -ST - ZIP 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 supplier@tial report is frue 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: X

SIGNATURE TED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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