2002 Uniform Business Report (UBR)

Mar 12, 2002 8:00 am § F60592 DOCUMENT # **Secretary of State** 1. Entity Name ANILU IMPORT & EXPORT CORP. 03-12-2002 90030 011 ***150.00 Mailing Address Principal Place of Business C/O EDUARDO PUNALES C/O EDUARDO PUNALES 8311 S.W. 12TH TERRACE 8311 S.W. 12TH TERRACE MIAMI FL 33144 MIAMI FL 33144 3. Mailing Address 2. Principal Place of Business DO:NOT WRITE-IN THIS:SPACE= Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2146539 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **PUNALES, DANIA** Street Address (P.O. Box Number is Not Acceptable) 8311 SW 12 TERR **MIAMI FL 33144** Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE PUNEALES, DANIA NAME NAME STREET ADDRESS 8311 SW 12 TERR STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE **PUNALES, DANIA** NAME NAME 8311 S.W. 12TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE ! NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition DULE STORY ☐ Delete NAME NAME STOTISTICS TO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered.

FILED