

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G95920**

1. Entity Name  
**ANA PERSONNEL SERVICES CORP.**

07-21-2000 90152 002 \*\*\*150.00  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 14 PM 3:26

Principal Place of Business  
SUITE 220  
15327 N.W. 60 AVENUE  
MIAMI LAKES FL 33014

Mailing Address  
SUITE 220  
15327 N.W. 60 AVENUE  
MIAMI LAKES FL 33014

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2396123**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMELKIN, NORMAN**  
15327 NW 60 AVE  
MIAMI LAKES FL 33014

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 \_\_\_\_\_ (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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>AMELKIN, NORMAN</b> <b>15327 N.W. 60 AVENUE</b> <b>MIAMI LAKES FL 33014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>AMELKIN, ANNETTE</b> <b>15327 N.W. 60 AVENUE</b> <b>MIAMI LAKES FL 33014</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **AMELKIN, NORMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMELKIN** 7/18/00 305-813-8400  
Date Daytime Phone #

**AD**