

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H26592

1. Entity Name

AN-SCA INVESTMENT CO., INC.

FILED

00 JAN 26 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3333 S. CONGRESS AVENUE
SUITE 403
DELRAY BEACH FL 33445
US

3333 S. CONGRESS AVENUE
SUITE 403
DELRAY BEACH FL 33445-7346
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2489966**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SCARDINA, ANGELO
9152 LONG LAKE PALM DRIVE
BOCA RATON FL 33496

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCARDINA, CHARLES**
STREET ADDRESS **16020 RIO RODEO**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

☐ Change ☐ *
9000003113499--3
-01/27/00--01107--001
*****1172.50 ****150.00**
☐ Change ☐ *

TITLE **VP** ☐ Delete
NAME **AKEL, RAMSEY**
STREET ADDRESS **16190 RIO DEL SOL**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **AKEL, CATHERINE**
STREET ADDRESS **16190 RIO DEL SOL**
CITY-ST-ZIP **DELRAY BEACH FL 33444**

TITLE
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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 of my like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT
Charles Scardina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date

901-243-390
Daytime Phone #