

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90222 012 ***150.00

0243902 AV

DOCUMENT # H33534

1. Entity Name
ANTEL ENTERPRISES, INC.

Principal Place of Business

~~% WOLF E. TEITELBAUM~~
~~8877 COLLINS AVE #1002~~
~~SURFSIDE FL 33154~~

Mailing Address

~~% WOLF E. TEITELBAUM~~
~~8877 COLLINS AVE #1002~~
~~SURFSIDE FL 33154~~

104040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Esther Teitelbaum
8877 Collins Ave #1002

3. Mailing Address

c/o Esther Teitelbaum
8877 Collins Ave #1002

Suite, Apt. #, etc.

Surfside, FL

City & State

33154 U.S.A.

Zip

33154 U.S.A.

Country

33154 U.S.A.

City

33154 U.S.A.

Country

33154 U.S.A.

State

33154 U.S.A.

Zip

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City

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State

33154 U.S.A.

6. Name and Address of Current Registered Agent

TEITELBAUM, ESTHER
8877 COLLINS AVE.
APT 1002
SURFSIDE FL 33154

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 **DP**
NAME **TEITELBAUM, ESTHER**
STREET ADDRESS **8877 COLLINS AVE #1002**
CITY-ST-ZIP **SURFSIDE FL 33154**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE *Secretary*
NAME *Raguel Anechstein*
STREET ADDRESS *4305 N. Meridian Ave*
CITY-ST-ZIP *Miami Beach, FL 33140*

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: *Esther Teitelbaum*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/02 *(305)864-1053*
Date Daytime Phone #

CR2E034 (9/01)