

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90534 025 ***150.00

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DOCUMENT # H33534

1. Entity Name
ANTEL ENTERPRISES, INC.



Principal Place of Business
C/O ESTHER TEITELBAUM
8877 COLLINS AVE #1002
SURFSIDE FL 33154

Mailing Address
C/O ESTHER TEITELBAUM
8877 COLLINS AVE #1002
SURFSIDE FL 33154



2. Principal Place of Business

8877 COLLINS AVE
Suite, Apt. #, etc.
#1108

City & State
SURFSIDE FL

Zip
33154 **Country**
DADE

3. Mailing Address

8877 COLLINS AVE
Suite, Apt. #, etc.
#1108

City & State
SURFSIDE FL

Zip
33154 **Country**
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2546183**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Apt #1108

City

FL

Zip Code

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

TITLE **S** ☐ **Delete**
NAME **ANEDESTAIN, RAQUEL**
STREET ADDRESS **4305 N. MERIDIAN AVE.**
CITY-ST-ZIP **MIAMI FL 33140**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T1

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other, like empowered.

SIGNATURE: *Esther Teitelbaum* **January/03** **305-864-1053**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**

CR2E034 (10/02)