

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K41884

1. Entity Name
ANIMADA, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90072 021 ***150.00

Principal Place of Business
**1170 SW 18TH ST
MIAMI FL 33129-2536
US**

Mailing Address
**P.O. BOX 142043
CORAL GABLES FL 33114-2043
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
P.O. Box 450-427
Suite, Apt. #, etc.
Miami, Florida.
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0088352** Applied For ☐ Not Applicable ☐

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

Zip Country **33245-0427 Miami - Dade.**

6. Name and Address of Current Registered Agent
**FARRES, E.J. ESQ
1170 SW 18TH ST
MIAMI FL 33129**

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 _____ (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. ☐ **FILE-NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	EDIF. FONTAINEBLEAU		STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIGNA, ANA TERESA		NAME		
STREET ADDRESS	EDIF. FONTAINEBLEAU		STREET ADDRESS		
CITY-ST-ZIP	CARACAS, VENEZUELA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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 an address, with all other like empowered.

SIGNATURE: **Jose A. Pigna** Date: **02/20/01** (305) 858-3363

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CR2E034 (10/00)