## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED** May 13, 2002 8:00 am Secretary of State DOCUMENT # K99312 1. Entity Name 05-13-2002 90111 022 \*\*\*150.00 ANTILLES EQUITY CORP. Principal Place of Business Mailing Address NARCOA PLAZA AMKGS REGISTERED AGENTS. INC. 5870 SW 8TH ST. 1 SE 3RD AVE, STE 1980 MIAMI FL 33144 MIAMI FL 33131 HS 2. Principal Place of Business 3. Mailing Address 2911 SW 97 Ave., ... 2911 S.W. 97 Ave., Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Miami, Florida 65-0206029 <u>Miami, Florida 🧠</u> Not Applicable Zip \$8.75 Additional 33165.... 5. Certificate of Status Desired 33165 - -Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMKGS REGISTERED AGENTS, AMKGS REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) One S.E. Third Avenue ONE SE 3RD AVENUE STE 1980 Suite 2250 **MIAMI FL 33131** City Zip Code Miami 33131 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME VEGA DE TORRE, CRISTINA Vega de Torre, Cristina 2911 S.W. 97 Avenue NAME STREET ADDRESS 5870 SW 8TH STREET STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33144** Miami, FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ESCAGEDO, ANA MARIA ESQ NAME Escagedo, Ana Maria Esq. STREET ADDRESS ONE SE THIRD AVE STREET ADDRESS One S.E. Third Ave., Suite 2250 CITY-ST-7IP MIAMI FL CITY-ST-7IP 33131 TITLE Délété TITI F Change PTD ☐ Addition NAME VEGA, ALEIDA S. NAME Vega, Aleida S. STREET ADDRESS 5870 SW 8TH ST STREET ADDRESS 2911 S.W. 97 Avenue CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP Miami, FL 33165: ...... TITLE ☐ Delete TITLE ☐ Addition NAME VEGA DE MADRAZO, MARGARITA NAME Vega de Madrazo, Margarita STREET ADDRESS 5870 SW 8TH ST STREET ADDRESS 2911 S.W. 97 Avenue CITY-ST-ZIP MIAMI FL 33144 CITY-ST-ZIP Miami, FL 33165 -----☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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

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