

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-27-2003 90334 004 ***150.00

DOCUMENT # K99312

1. Entity Name
ANTILLES EQUITY CORP.



Principal Place of Business
**2911 SW 97 AVE.
MIAMI FL 33165**

Mailing Address
**2911 SW 97 AVE.
1 SE 3RD AVE, STE 1980
MIAMI FL 33165
US**

2. Principal Place of Business

13274 NW 2ND TERRACE

3. Mailing Address

13274 NW 2ND TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33182

Country

DADE

Zip

33182

Country

DADE

4. FEI Number

65-0206029

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AMKGS REGISTERED AGENTS, INC.
ONE SE 3RD AVENUE
STE 2250
MIAMI FL 33131**

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. 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
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **VEGA DE TORRE, CRISTINA**
STREET ADDRESS **2911 SW 97 AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **AS** ☐ Delete
NAME **ESCAGEDO, ANA MARIA ESQ**
STREET ADDRESS **ONE S.E. THIRD AVE., STE 2250**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **PTD** ☐ Delete
NAME **VEGA, ALEIDA S.**
STREET ADDRESS **2911 SW 97 AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE **V** ☐ Delete
NAME **VEGA DE MADRAZO, MARGARITA**
STREET ADDRESS **2911 SW 97 AVE.**
CITY-ST-ZIP **MIAMI FL 33165**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

Aleida S. Vega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 23, '03

CR2E034 (10/02)