

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90011 025 ***150.00

DOCUMENT # L50997

1. Entity Name
ANIZEI COMPUTERS CORP.

Principal Place of Business

~~9260 SUNSET DRIVE, SUITE 205~~
~~MIAMI FL 33173~~
~~US~~

Mailing Address

~~9260 SUNSET DRIVE, SUITE 205~~
~~MIAMI FL 33173~~
~~US~~

2. Principal Place of Business

9415 Sunset Dr.

3. Mailing Address

9415 Sunset Dr

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

miami FL

City & State

miami FL

Zip

33173

Country

USA

Zip

33173

Country

USA

4. FEI Number

65-0232290

Applied For

Not Applicable

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

Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, GUADALUPE
13521 SW 113TH PLACE
MIAMI FL 33176

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 **PD** ☐ Delete
NAME **GUTIERREZ, ANIBAL**
STREET ADDRESS **13521 SW 113 PL**
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ Delete
NAME **GUTIERREZ, GUADALUPE**
STREET ADDRESS **13521 SW 113 PL**
CITY-ST-ZIP **MIAMI FL**

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

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 **305-274-2162**
Date Daytime Phone #

CR2E034 (9/01)