

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90120 040 \*\*\*150.00

01899905 AV

DOCUMENT # **L56863**

1. Entity Name  
**ANABAR ENTERPRISES, INC.**



Principal Place of Business  
**11520 NW 21ST  
PEMBROKE PINES FL 33026**

Mailing Address  
**11520 NW 21ST  
PEMBROKE PINES FL 33026**

**22001461**



2. Principal Place of Business

**10107 Sunset Drive**

Suite, Apt. #, etc.

3. Mailing Address

**10107 Sunset Drive**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**MIAMI, FL 33173**

City & State

**MIAMI, FL**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33173**

Country

**DADE, USA**

Zip

**33173**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ALEMAN, BARBARA M  
11520 NW 21ST  
PEMBROKE PINES FL 33026**

7. Name and Address of New Registered Agent

Name

**ANA M. MORA**

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

**10107 SUNSET DRIVE**

City

**MIAMI**

**FL**

Zip Code

**33173**

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]*

(NOTE: Registered Agent signature required when reinstating)

**1-31-03**

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 **D**  Delete  
NAME **MORA, ANA MARIA**  
STREET ADDRESS **6527 SW 116 PL, UNIT H**  
CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VSD**  Delete  
NAME **ALEMAN, BARBARA M**  
STREET ADDRESS **11520 NW 21 STREET**  
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

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 11

TITLE **P/D**  Change  Addition  
NAME **MORA, ANA MARCIA**  
STREET ADDRESS **6527 SW 116 PL UNIT H**  
CITY-ST-ZIP **MIAMI, FL 33173**

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

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-31-03**

DATE

**(305) 992-3835**

DAYTIME PHONE #

CR2E034 (10/02)