

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000359

1. Entity Name

ANTONAS MINISTRIES INTERNATIONAL, INC.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90379 014 ****61.25

Principal Place of Business

3961-B SW GREENWOOD WAY
PALM CITY FL 34990
US

Mailing Address

399 W PALMETTO PK RD #206
BOCA RATON FL 33432-3780
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0371736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, HOWARD S
399 W PALMETTO PK RD #206
BOCA RATON FL 33432

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/D
ANTONAS, ELIAS R
3961-B SW GREENWOOD WAY
PALM CITY FL 34990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STD
ANTONAS, PATRICIA R
3961-B SW GREENWOOD WAY
PALM CITY FL 34990

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/D
JACKSON, RICHARD
RFD #1 ROSE DR
MAHOPAC NY 10541

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANTONAS, ELIAS S

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ANTONAS, PATRICIA S

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/D
JACKSON, WILMA
RFD #1 ROSE DR
MAHOPAC, NY 10541

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 617, 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: *Patricia S. Antonas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA S. ANTONAS 2/4/2000

Date

Daytime Phone #

(561)

286-4702

CR2E037 (9/99)