

**NON PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90096 011 ****61.25

DOCUMENT # N92000000,359

1. Entity Name

ANTONAS MINISTRIES INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3961-B SW Greenwood Way

Suite, Apt. #, etc.

3. Mailing Address

2424 N Federal Highway

Suite, Apt. #, etc.

Suite 200

City & State

Palm City, FL

City & State

Boca Raton, FL

4. FEI Number

65-0371736

Applied For

Not Applicable

Zip

34990

Country

Zip

33431

Country

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

7. Name and Address of Current Registered Agent

Name

Reed, Howard S.

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

2424 N. Federal Highway

Suite 200

City

Boca Raton

FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$1,000.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P/D

Antonas, Elias

3961-B SW Greenwood Way

Palm City, FL 34990

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

STD

Antonas, Patricia S

3961-B SW Greenwood Way

Palm City, FL 34990

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V/D

Jackson, Wilma

RFD #1 Rose Dr

Mahopac, NY 10541

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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

SIGNATURE

Patricia Antonas / PATRICIA S. ANTONAS

Date

Daytime Phone #