

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000023544

1. Entity Name
ANTONIELLI & CO., INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90206 023 ***150.00

Principal Place of Business

**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Mailing Address

**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

2. Principal Place of Business

1840 Southwest 22 Street

3. Mailing Address

1840 Southwest 22 Street

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

Suite 102

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0990934

Applied For

☐ Not Applicable

Zip
33145

Country

Zip

33145

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name

Spiegel & Utrera, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

FL

Zip Code
33145

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

Natalia Utrera
Signature, Name and Title of Registered Agent (Signature required when reinstating)

Natalia Utrera, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **SPIEGEL, LAWRENCE J**
STREET ADDRESS **343 ALMERIA AVENUE**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **Spiegel, Lawrence J**
STREET ADDRESS **1840 Southwest 22 Street, Suite 102**
CITY-ST-ZIP **Miami, Florida 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

Lawrence J. Spiegel
Lawrence J. Spiegel

Date

Daytime Phone #

CR2E034 (10/00)