

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 12, 2002 8:00 am**  
**Secretary of State**

02-12-2002 90113 029 \*\*\*150.00

0644012 SP

**DOCUMENT # P00000044840**

1. Entity Name  
**ANICAM PROPERTIES INC.**

Principal Place of Business      Mailing Address  
**2500 S.W. 107TH AVENUE**      **2500 S.W. 107TH AVENUE**  
**#5**      **#5**  
**MIAMI FL 33165**      **MIAMI FL 33165**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-1019231**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALFREDO Y. GUTIERREZ**  
~~ESGUERAZI, JULIO~~  
**2500 S.W. 107TH AVENUE**  
**#5**  
**MIAMI FL 33165**

7. Name and Address of New Registered Agent  
 Name **2500 SW 107 Ave #5 ALFREDO Gutierrez**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2500 SW 107 Ave #5**  
 City **MIAMI**      **FL**      Zip Code **33165**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD GUTIERREZ, ALFREDO BLUE JAY CIRCLE #1507 WESTON FL 33329</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD MAINO, ANGELA M BLUE JAY CIRCLE #1507 WESTON FL 33329</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

01-25-02

Date      Daytime Phone #

CR2E034 (9/01)