

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

DOCUMENT # P00000051479

1. Entity Name

ANJER LIFE, INC.



FILED

03 OCT -6 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2208 NW 82 AVE.

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State

4. FEI Number 65-1011209

Applied For
Not Applicable

Zip
33015

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA DO CARMO LIMA SANTOS

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

2208 NW 82 AVE.

City MIAMI

FL Zip Code
33122

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 of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME (P/D) MARIA DO CARMO LIMA SANTOS
STREET ADDRESS 2208 NW 82 AVE.
CITY-ST-ZIP: MIAMI, FL 33122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200024010552
10/22/03-01017-028 \$450.00

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-09-03

Date

Daytime Phone #

CR2004B (12/02)

FROM :

FAX NO. :

Oct. 08 2003 10:01AM P1

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 450.00 for the annual report fee with my application.

Please be advise that we moved since November 2000 we moved to 2208 NW 82ND AVE MIAMI, FL 33122 and we did not receive the U.B.R. for the year 2001 2002 & 2003 or any other notice from the Division of Corporations in respect with the Corporation ANJER LIFE, INC.

Thank you for your courtesy in this matter.


MARIA DO CARMO LIMA SANTOS
PRESIDENT