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# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000059730**

1. Entity Name  
**ANAJOHN, INC.**

FILED

02 SEP 27 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
18810 NORTHWEST 10 STREET  
PEMBROKE PINES FL 33029

Mailing Address  
18810 NORTHWEST 10 STREET  
PEMBROKE PINES FL 33029



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1018757**

Applied For  
Not Applicable

Zip

Country

Zip

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

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME	<b>PSTD PLATTS, ANA</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>18810 NORTHWEST 10 STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Ana Platts*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954) 579-7018

CR2034 (4/02)

*Payerwitz*

Anajohn Inc.  
18810 NW 10 Street  
Pembroke Pines, Fl 33029

September 23, 2002

Florida Dept. of State  
Division of Corporations  
P O Box 6327  
Tallahassee, Fl 32314

Reference: P00000059730

Attn: Annual Reports Section

In reference to the returned, attached letter, please be advised that this corporation was dissolved in April, 2002. In addition, we never received the original UBR forms to pay by May.

The Anajohn Inc. 2002 taxes will be the final tax return.

Please revise the records to reflect the above mentioned information.

Thank you,

  
Ana Platts