

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90182 034 ***150.00

DOCUMENT # P00000067230

1. Entity Name
ANED ENTERPRISES INCORPORATED



Principal Place of Business
3687 NW 83 LANE
SUNRISE FL 33351

Mailing Address
3687 NW 83 LANE
SUNRISE FL 33351

2. Principal Place of Business
6891 SW 28 St
Suite, Apt. #, etc.

3. Mailing Address
6891 SW 28 St
Suite, Apt. #, etc.

City & State
Miramar FL

City & State
Miramar FL

4. FEI Number 65-1027635

Applied For
☐ Not Applicable

Zip 33023 **Country** Broward

Zip 33023 **Country** Broward

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

6. Name and Address of Current Registered Agent

BERTHOLD, MAUVA
3687 NW 83 LANE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

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 Mauva Berthold

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 3/22/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME BERTHOLD, MAUVA
STREET ADDRESS 3687 NW 83 LANE
CITY-ST-ZIP SUNRISE FL 33351

TITLE D ☐ Delete
NAME BERTHOLD, ROLAND
STREET ADDRESS 1161 NE 160 STREET
CITY-ST-ZIP N. MIAMI BEACH FL 33162

TITLE D ☐ Delete
NAME CAMPBELL, CLYTIE
STREET ADDRESS 12490 SW 7TH PL
CITY-ST-ZIP DAVIE FL 33325

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE MAUVA BERTHOLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/03

Date

Daytime Phone #

CR2E034 (10/02)