

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90327 011 ***150.00



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------------------------|---|---------------------------|
| DOCUMENT # P00000071731 | | | |
| 1. Entity Name ANVICA, CORP. | | | |
| Principal Place of Business 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 | | Mailing Address 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 | |
| 2. Principal Place of Business 1960-4 N. Commerce Parkway | | 3. Mailing Address 1960-4 N. Commerce Parkway | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State WESTON FL. | | City & State WESTON FL. | |
| Zip 33326 | Country Broward | Zip 33326 | Country Broward |
| 6. Name and Address of Current Registered Agent ARVESU, MANUEL M ESQ 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134 | | 4. FEI Number 59-3672249 | |
| | | Applied For <input type="checkbox"/> Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | | |
| Name CHEDIAK, JOSE MAURICIO | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1752 Victoria Point Circle | | | |
| City WESTON | | Zip Code FL 33327 | |
| 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 <i>Jose Mauricio Chedjak</i> JOSE MAURICIO CHEDIAK President 4/20/02 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE PD | NAME CHEDIAK, JOSE MAURICIO | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1960-4 NORTH COMMERCE PARKWAY | CITY-ST-ZIP WESTON FL 33326 | | |
| TITLE SD | NAME CHEDIAK, MARIA | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 1960-4 NORTH COMMERCE PARKWAY | CITY-ST-ZIP WESTON FL 33326 | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS | CITY-ST-ZIP | | |
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| STREET ADDRESS | 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: *Jose Mauricio Chedjak* **JOSE MAURICIO CHEDIAK** **4/20/02** **(954) 659-0160**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)