Mar 05, 2002 8:00 am §

2002 UNIFORM BUSINESS REPORT (UBR)

P00000087132 DOCUMENT # **Secretary of State** 1. Entity Name 03-05-2002 90093 007 ***150 00 ANICA, INC. Principal Place of Business Mailing Address 1581 BRICKELL AVENUE 151 CRANDON BLVD. **SUITE 2003** APT 1036 KEY BISCAYNE FL 33149 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address HLUD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-1039663 Not Applicable Ζiρ Country \$8.75 Additional 5.=Certificate of Status Desired -----Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUJOLS, JOSE R ESQ. Street Address (P.O. Box Number is Not Acceptable) 2701 S.W. LEJEUNE ROAD SUITE 401 **CORAL GABLES FL 33134** City 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition CR2E034 (9/01 TITLE Delete TITLE Change PEREDA, ANA NAME NAME 151 CRANDON BLVD. UNIT 1036 STREET ADDRESS STREET ADDRESS **KEY BISCAYNE FL 33149** CITY-ST-ZIP City-ST-ZIP ☐ Addition ☐ Delete [] Change TITLE TITLE DE AGUIRRE, ANA RAQUEL NAMÉ NAME 151 CRANDON BLVD. UNIT 1036 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME QUARTA, HECTOR CARLOS NAMP 151 CRANDON BLVD. UNIT 1036 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP ☐ Delete Change TITLE ☐ Addition TITLE NAME SOLEDAD, MARIA NAME 151 CRANDON BLVD. UNIT 1036 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **KEY BISCAYNE FL 33149** CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustely ampowered 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 SIGNA

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