

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90128 037 ***150.00

DOCUMENT # P00000087132

1. Entity Name
ANICA, INC.



Principal Place of Business
**151 CRANDON BLVD.
APT 1036
KEY BISCAVNE FL 33149**

Mailing Address
**151 CRANDON BLVD.
APT 1036
KEY BISCAVNE FL 33149**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1039663**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PUJOLS, JOSE R ESQ.
2701 S.W. LEJEUNE ROAD
SUITE 401
CORAL GABLES FL 33134**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	PEREDA, ANA	
STREET ADDRESS	151 CRANDON BLVD. UNIT 1036	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	☐ Delete
NAME	DE AGUIRRE, ANA RAQUEL	
STREET ADDRESS	151 CRANDON BLVD. UNIT 1036	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	☐ Delete
NAME	QUARTA, HECTOR CARLOS	
STREET ADDRESS	151 CRANDON BLVD. UNIT 1036	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	☐ Delete
NAME	SOLEDAD, MARIA	
STREET ADDRESS	151 CRANDON BLVD. UNIT 1036	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

305-4437122

Date

Daytime Phone #

CR2E034 (10/02)