

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90094 029 \*\*\*150.00

DOCUMENT # P00000097529

1. Entity Name

ANMI, Corp.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1575 SW 67 Ave

Suite, Apt. #, etc.

3. Mailing Address

1575 SW 67 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-1008404

Applied For

Not Applicable

Zip

33155

Country

Zip

33155

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

BERNAL FEUK

Street Address (P.O. Box Number is Not Acceptable)

4524 NW 114 AVE # 1805

City

MIAMI  
MIAMI

**FL**

Zip Code

33178

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when remitting)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1: May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$81.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PDT  
BERNAL FEUK  
4524 NW 114 AVE # 1805  
MIAMI FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

SD  
DELUCAS ELIZABETH  
4524 NW 114 AVE # 1805  
MIAMI FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

4/30/02

Daytime Phone #

(305) 261 5215

CR2E034B (12/01)