

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90137 007 ***155.00

CR2E034 (10/02)

DOCUMENT # P01000006751

1. Entity Name
ANVAR, CORP.



Principal Place of Business
**12981 SW 137TH AVENUE
SUITE 380
MIAMI FL 33186**

Mailing Address
**12981 SW 137TH AVENUE
SUITE 380
MIAMI FL 33186**

2. Principal Place of Business

17455 SW 192 St.

3. Mailing Address

12981 SW 137th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33187

Country

DADE.

Zip

33186

Country

DADE

4. FEI Number

65-1070015

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

**ROJAS, MARIA M
15337 SW 179TH TERR
MIAMI FL 33187**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-22/03

**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
Trust Fund Contribution. ☒

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VALENCIA, ORLANDO**
STREET ADDRESS **15337 SW 179TH TERR**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **S** ☐ Delete
NAME **ROJAS, ISABEL**
STREET ADDRESS **15337 SW 179TH TERR**
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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NAME
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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 an other like empowered.

SIGNATURE:

Isabel Rojas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-22/03