

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-14-2002 90025 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000024883

1. Entity Name

AMANECER SIN DEUDAS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3519 W HILLSBORO BLVD

Suite, Apt. #, etc.

3. Mailing Address

3519 W HILLSBORO BLVD

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33442-9404

Country

U.S.

Zip

33442-9404

Country

U.S.

4. FEI Number

651088045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ANTHONY G. COLEMAN, JR.

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

3275 W HILLSBORO BLVD

SUITE 207

City
DEERFIELD BEACH

FL

Zip Code
33442

**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

Richard W. Dean

RICHARD W. DEAN

8/7/02

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

(NOTE: Registered Agent signature required when reinstating)

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 \$61.25
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
D
NAME
CASTILLO, JOSE
STREET ADDRESS
3519 W HILLSBORO BLVD
CITY - ST - ZIP
DEERFIELD BEACH, FL 33442

TITLE
D
NAME
DEAN, RICHARD W.
STREET ADDRESS
3519 W HILLSBORO BLVD
CITY - ST - ZIP
DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CR2E034B (12/01)

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 807, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Castillo JOSE CASTILLO

8/7/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

42094

AMANECER SIN DEUDAS, INC PO1000024883

Ph# (954) 574-0640

Fax# (954) 421-5770

8-9-2002

Uniform Business Report
Division Of Corporations
P.O Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Sorry for the delay on the payment, we never receive the original papers.
My accountant down load the information, can you please as a one-time
consideration deducts the late penalties.

I am sending a check for \$150.00 please let me know if this is a problem.
Please send any information to 6210 SW 15th Street North Lauderdale,
Florida 33068

Thank You,
Jose Castillo
Director