

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90059 008 ***158.75

DOCUMENT # P01000056199

1. Entity Name
ANTARES GORDON INT'L, CORP.

Principal Place of Business
**1850 SW 8 ST SUITE 313
MIAMI FL 33135**

Mailing Address
**1850 SW 8 ST SUITE 313
MIAMI FL 33135**

2. Principal Place of Business

3. Mailing Address

PO Box 245842

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pembroke Pines FL

4. FEI Number

65-1110083

Applied For
Not Applicable

Zip

Country

Zip
33024

Country

USA-Broward

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAICEDO, GLORIA INES
1850 SW 8 ST SUITE 313
MIAMI FL 33135**

Name **Caicedo Gloria Ines**
Street Address (P.O. Box Number is Not Acceptable)
7841 NW 3rd St #25-206
City **Pembroke Pines** FL Zip Code **33024**

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 reinstating)

DATE

02/12/02

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **CAICEDO, GLORIA INES**
STREET ADDRESS **1850 SW 8 ST SUITE 313**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **VALENCIA, ANA MARIA**
STREET ADDRESS **1850 SW 8 ST SUITE 313**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE **VD** ☒ Change ☐ Addition
NAME **Peña Maria Edith**
STREET ADDRESS **1850 SW 8th Suite 313**
CITY-ST-ZIP **Miami FL 33135**

TITLE **SD** ☐ Delete
NAME **GORDON, ALBERTO**
STREET ADDRESS **1850 SW 8 ST SUITE 313**
CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 trustee empowered 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/02

Date

9548063388

Daytime Phone #

CR2E034 (9/01)