

FILED
Aug 07, 2002 8:00 am
Secretary of State

07-24-2002 90135 030 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070322

1. Entity Name
ANTELA FINANCIAL CORP.

Principal Place of Business
638 FLAMINGO DR
FT LAUDERDALE FL 33301

Mailing Address
638 FLAMINGO DR
FT LAUDERDALE FL 33301

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

65-1123004

Applied For

Not Applicable

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

SCACCIAOCE, DANTE A
638 FLAMINGO DR
FT LAUDERDALE FL 33301

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.

SIGNATURE **DANTE A. SCACCIAOCE** **PRES**

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

(NOTE: Registered Agent signature required when renewing)

DATE

04/09/02

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 \$160.00
After May 1, 2002 Fee will be \$660.00
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 **PRESIDENT** ☐ Delete
 NAME **DANTE SCACCIAOCE**
 STREET ADDRESS **638 FLAMINGO DRIVE**
 CITY-ST-ZIP **FT LAUDERDALE, FL 33301**

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 a docket, with all other like empowered.

Attachment

~~40937~~

PO/000570322

ANTELA FINANCIAL CORP. 538 FLAMINGO DR. FORT LAUDERDALE, FL 33305-2606		63-99514 560 1440005844	1086
DATE <u>04/08/07</u>			
PAY TO THE ORDER OF	<u>DEPT. OF STATE</u>	\$ <u>157.12</u>	
<u>one hundred and fifty seven and 12/100</u>		DOLLARS	
THE NORTHERN ANCHOR ACCOUNT			
Northern Trust Bank of Florida N.A. FL 1440005844			
MEMO	<u>PO/000570322</u>	<u>[Signature]</u>	
⑆066009650⑆1440005644⑆ 1086			