

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

02-26-2002 90055 041 \*\*\*158.75

**DOCUMENT # P01000077357**

1. Entity Name

ANCORA GROUP CORPORATION

Principal Place of Business

169 E. FLAGLER ST.  
 SUITE 1534  
 MIAMI FL 33131

Mailing Address

169 E. FLAGLER ST.  
 SUITE 1534  
 MIAMI FL 33131

2. Principal Place of Business

223A MIRACLE MILE

Suite, Apt. #, etc.

3. Mailing Address

223A MIRACLE MILE

Suite, Apt. #, etc.

City & State

CORAL GABLES.

City & State

CORAL GABLES

4. FEI Number

05-1128317

Applied For

Not Applicable

Zip

33134

Country

USA MIAMI DADE

Zip

33134

Country

USA MIAMI DADE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDLER, JORGE A  
 169 E. FLAGLER ST.  
 SUITE 1534  
 MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent, 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)

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**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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DE HENDLER, LEONOR L	
STREET ADDRESS	169 E. FLAGLER ST. SUITE 1534	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FERRO, MANUEL	
STREET ADDRESS	169 E. FLAGLER ST. SUITE 1534	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HENDLER, GABRIELA N	
STREET ADDRESS	169 E. FLAGLER ST. SUITE 1534	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HENDLER, JORGE A	
STREET ADDRESS	169 E. FLAGLER ST. SUITE 1534	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 filers empowered.

SIGNATURE:

SIGNATURE

JORGE HENDLER TREASURER 01/28/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)