FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90101 037 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000083244

1. Entity Name
Ante'd, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4641 SW 136 PL
Suite, Apt. # etc.
City & State: Miami, FL
Zip: 33175 Country

3. Mailing Address: 4641 SW 136 PL
Suite, Apt. # etc
City & State: Miami, FL
Zip: 33175 Country

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4. FEI Number: 65-1131625

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: Sara Cabieles.
Street Address (P.O. Box Number Is Not Acceptable): 4641 SW 136 PL.
City: Miami FL Zip: 33175

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Field	Entry
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President; Rodriguez, Eduardo.; 4641 SW 136 PL; Miami, FL 33175.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vicepresident.; Cabieles, Sara; 4641 SW 136 PL; Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete: President; Rodriguez, Eduardo.; 4641 SW 136 PL.; Miami, FL 33175.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Delete: Vicepresident; Cabieles, Sara; 4641 SW 136 PL; Miami, FL 33175
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Add: President.; Cabieles, Sara.; 4641 SW 136 PL.; Miami, FL. 33175.

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/02.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR