## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#**

P01000087499

1. Entity Name

ANIDEA ENGINEERING, INC.



**FILED** Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90162 048 \*\*\*150.00

Principal Plac 2029 N OCEA FT LAUDERDA	in blvd. Suf		Mailing Address 2029 N OCEAN BLVD. SUITE #311 FT LAUDERDALE FL 33305									
2. Principal P	Place of Busin	ness	3. Mailing Address					! <b>                                     </b>				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State			4.	FEI Number <b>65-1135300</b>		_ <del>                                    </del>	plied For t Applicable		
Zip		Country	Zip	Zip Coun			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						
SPIEGEL & UTRERA, P.A.						Name Steven m. Klein bengen						
1840 SW 22ND ST.					8	Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR									_			
MIAMI FL 33145						ity wi	سعود ١	5 801095	FL	Zip Code	708	
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Fin     Trust Fund Contribution	· ~		May Be to Fees	
10.		OFFICERS AND I	DIRECTORS	3	11.		AI	DDITIONS/CHANGES TO OFF		IRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2029 N O	n, gabriel Cean Blvd, suite #3° Rdale Fl 33305	11	☐ Delete	TITLE NAME STREET AD	apprece .	VD Scort 2029 Fr. Lo	gie; Borbaro N. Ocean Bryo N. Dergore; Fr.	. Suite	] Change .#31	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>*</b>			☐ Delete	TITLE NAME STREET AD CITY-ST-2	DRESS				Change	Addition	
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TITLE				☐ Delete	TITLE					Change	Addition	

12. 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 by 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 emporated to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter the property with a settlement with a settlement with a settlement with a settlement. changed, or on an attachment with

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

3/24/2003

Date

(954) 254-9898

Daytime Phone #