2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
03-25-2002 90160 035 ***150.00

DOCUMENT # P01000090229

1. Entity Name
ANKO, INC.

Principal Place of Business	Mailing Address
5900 PALM TRACE LANDING DR. #207 DAVIE FL 33314	5900 PALM TRACE LANDING DR. #207 DAVIE FL 33314

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1175 GOLDEN CANE DR.	1175 GOLDEN CANE DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON FL	City & State: WESTON FL
Zip: 33327 Country: BROWARD	Zip: 33327 Country: BROWARD

4. FEI Number 65-1150810 ☐ 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
BUSTILLO, HECTOR A 5900 PALM TRACE LANDING DR. #207 DAVIE FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) 1175 GOLDEN CANE DR. City WESTON FL Zip Code 33327

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 ______________________________ DATE
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) ☐

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUSTILLO, HECTOR A 5900 PALM TRACE LANDING DR. #207 DAVIE FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BUSTILLO, HECTOR A 1175 GOLDEN CANE DR. WESTON FLORIDA 33327 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 3/4/02 (954) 349 0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)