

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90336 004 \*\*\*150.00

DOCUMENT # *P01000103031*

1. Entity Name

*A.N. of South Florida, Inc.* ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*10689 NW 48th Street*

Suite, Apt. #, etc.

3. Mailing Address

*10689 NW 48th Street*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*Coral Springs, FL*

City & State

*Coral Springs, FL*

4. FEI Number

*65-1147240*

Applied For

Not Applicable

Zip

*33076*

Country

*US*

Zip

*33076*

Country

*US*

5. Certificate of Status Desired ☐

**\$8.75** Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

*Allen Reback*

Street Address (P.O. Box Number is Not Acceptable)

*10689 NW 48th Street*

City

*Coral Springs*

FL

Zip Code

*33076*

**DO NOT WRITE  
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*Allen Reback  
10689 NW 48th Street  
Coral Springs FL 33076*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

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

SIGNATURE:

*Allen Reback* Allen Reback

Date

*4/10/03*

Daytime Phone #

CR2E034B (12/02)