

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90242 045 ***150.00

0091961 EP

DOCUMENT # P02000056918



1. Entity Name
ANSE, CORPORATION

Principal Place of Business
C/O 407 LINCOLN ROAD
SUITE 11-L
MIAMI BEACH FL 33139

Mailing Address
C/O 407 LINCOLN ROAD
SUITE 11-L
MIAMI BEACH FL 33139



2. Principal Place of Business

6471 Main Street

Suite, Apt. #, etc.
1-202

3. Mailing Address

6471 Main Street

Suite, Apt. #, etc.
1-202

☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Lakes FL

City & State
Miami Lakes FL

4. FEI Number
04-3679688

Applied For
Not Applicable

Zip
33014

Country
U.S.

Zip
33014

Country
U.S.

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

ROMAGNOLI, DANIEL
C/O 407 LINCOLN ROAD
SUITE 11-L
MIAMI BEACH FL 33139

Name
ROMAGNOLI, DANIEL
Street Address (P.O. Box Number is Not Acceptable)
6471 Main Street 1-202

City
Miami Lakes **FL** Zip Code
33014

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 _____ (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

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SEVILLA, JORGE C/O 407 LINCOLN ROAD MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SEVILLA, ANIBAL C/O 407 LINCOLN ROAD MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)