

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

DOCUMENT # **P0 2000064005**

1. Entity Name
ANFRA ENTERPRISES CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6511 S.W. 136 COURT

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

46-0485909

Applied For

Not Applicable

Zip

33183

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **ENRIQUE G GARCIA**

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

6511 S.W. 136 Ct

City **MIAMI**

FL

Zip Code

33183

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **PRESIDENT & DIRECTOR**
NAME **FRANCISCO E GARCIA**
STREET ADDRESS **6511 SW 136 COURT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400033723864
04/23/04--01023--026 **150.00

TITLE **Vice President Director**
NAME **ROSANGELA T GARCIA**
STREET ADDRESS **6511 SW 136 COURT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ENRIQUE G. GARCIA**
NAME **TRIASACA**
STREET ADDRESS **6511 SW 136 COURT**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE: **F**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO E GARCIA President 4/14/04 (305) 385-6444

Date

Daytime Phone #