

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

0151445 AV

DOCUMENT # P02000105995

1. Entity Name
ANTONELLA INTERNATIONAL INC.



05-05-2003 91832 001 ***150.00

Principal Place of Business
**6187 NW 167TH ST., SUITE H-13
MIAMI LAKES FL 33139**

Mailing Address
**6187 NW 167TH ST., SUITE H-13
MIAMI LAKES FL 33139**



2. Principal Place of Business
6187 NW 167 ST

3. Mailing Address
6187 NW 167 ST

Suite, Apt. #, etc.
H-13

Suite, Apt. #, etc.
H-13

☐ CHECK HERE IF MAKING CHANGES

City & State
MIAMI LAKES, FL

City & State
MIAMI LAKES, FL

4. FEI Number
82-0566704

Applied For
☐ Not Applicable

Zip
33015 Country
USA

Zip
33015 Country
USA

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

**ESTRADA, LUIS
6187 NW 167TH ST., SUITE H-13
MIAMI LAKES FL 33139**

Name

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

City

FL

Zip Code

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

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
**PD
ESTRADA, CARLOS M
19202 NW 24 PLACE
PEMBROKE PINES FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GUTIERREZ, ALVARO
19202 NW 24 PLACE
PEMBROKE PINES FL 33029** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ 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 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 PRESIDENT

4/30/03

Date

Daytime Phone #

CR2E034 (10/02)