

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90529 002 ***150.00

DOCUMENT # P93000015095

1. Entity Name
ANIBERN CORP.

Principal Place of Business
**1901 HARRISON ST
 HOLLYWOOD FL 33020**

Mailing Address
**VEIL MARK
 505 S FLAGLER STE900
 WEST PALM BEACH FL 33401
 US**

923200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
505 S. Flagler Dr.

Suite, Apt. #, etc.
Suite 900

City & State
West Palm Beach FL

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **65-0407768** Applied For
 Not Applicable

Zip **33401** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**ROMANIK, DAVID S
 20170 PINES BLVD
 STE 302
 PEMBROKE PINES FL 33029**

7. Name and Address of New Registered Agent
 Name **DAVID S. Romanik**
 Street Address (P.O. Box Number is Not Acceptable)
3921 S.W. 54th Court
 City **Fort Lauderdale** FL Zip Code **33312**

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 **David S Romanik** DATE **2-16-01**
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	P VEIL, MARK D 505 S FLAGLER DR #900 W PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Mark D. Veil, President** **MARK D. VEIL** 2-15-01 (561) 832-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)