

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 007 ***150.00

DOCUMENT # P94000062305

1. Entity Name
ANELA, INC.

Principal Place of Business Mailing Address

5801 BISCAYNE BLVD **5801 BISCAYNE BLVD**
MIAMI FL 33137 **MIAMI FL 33137-2638**
US **US**

00040934



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

2812 NW 35 ST **2812 NW 35 ST**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami FL **Miami Florida**

Zip Zip Country Country

33142 **33142**

4. FEI Number Applied For

65-0529397 Not Applicable

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

6. Name and Address of Current Registered Agent

PALINSKY, ILYA
2812 NW 35TH ST,
2151 NE 155TH ST
MIAMI FL 33142

7. Name and Address of New Registered Agent

Name
ILYA PALINSKY

Street Address (P.O. Box Number is Not Acceptable)
2812 NW 35 ST.

City State Zip Code

MIAMI **FL** **33142**

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 _____ DATE _____
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, 2000 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	D	<input type="checkbox"/> Delete
NAME	PALINSKY, ELENA	
STREET ADDRESS	2812 NW 35TH ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* Date: 4-11-00 Daytime Phone #: (305) 633-8889

CRZE034 (9/99)