

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005036

1. Entity Name

ANTECH INTERNATIONAL GROUP OF COMPANIES, INC

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90095 020 ***150.00

Principal Place of Business

Mailing Address

6600 NW 14 ST, SUITE #5
PLANTATION FL 33313

6600 NW 14 ST, #5
PLANTATION FL 33313

B0090127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6600 NW 14 STREET
Suite, Apt. #, etc.
5

6600 NW 14 STREET
Suite, Apt. #, etc.
#5

City & State
PLANTATION FL
Zip 33313 Country USA

City & State
PLANTATION
Zip 33313 Country USA

4. FEI Number 650559011

Applied For
Not Applicable

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

ROBIN DALEY
1203 LAKE POINTE LANE
PLANTATION, FL 33322

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.

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PRODUCTION MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER DALEY	
STREET ADDRESS	1203 LAKEPOINTE LANE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	MARKETING MANAGER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER DALEY	
STREET ADDRESS	1203 LAKEPOINTE LANE	
CITY-ST-ZIP	PLANTATION, FL 33322	
TITLE		<input checked="" 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN DALEY

4/10/2000 (954) 316-7621

Date

Daytime Phone #

CR2E034 (9/99)