

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90050 038 ***150.00

DOCUMENT # P96000006683

1. Entity Name

ANF MANAGEMENT, INC.

Principal Place of Business

Mailing Address

6365 TAFT STREET
SUITE 1001
HOLLYWOOD FL 33024

6365 TAFT STREET
SUITE 1001
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

6073 NW 167th St.

6073 NW 167th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit C-7

Unit C-7

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33015

Miami-Dade

33015

Miami-Dade

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABLE, MICHAEL P
4000 HOLLYWOOD BLVD.
SUITE 735 SOUTH
HOLLYWOOD FL 33021

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FERNANDEZ, ALBERTO E
STREET ADDRESS 6365 TAFT STREET SUITE 1991
CITY-ST-ZIP HOLLYWOOD FL 33024 ☒ Delete

TITLE President
NAME Nancy V. Medina
STREET ADDRESS 7040 NW 181st Ave
CITY-ST-ZIP Miami, FL 33015 ☒ Change ☐ Addition

TITLE ST
NAME FERNANDEZ, BLANCA R
STREET ADDRESS 6365 TAFT STREET SUITE 1991
CITY-ST-ZIP HOLLYWOOD FL 33024 ☒ Delete

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

TITLE VP
NAME FERNANDEZ, ALBERTO
STREET ADDRESS 10061 NW 1ST CT
CITY-ST-ZIP PLANTATION FL 33326 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Nancy V. Medina

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/01

(954) 683-9721

CR2E034 (10/00)

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