FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031669

JAMES ANTUNAND MANAGEMENT CORP.

FILED Jul 09, 2003 8:00 am Secretary of State

07-09-2003 90032 047 ***150.00

DO NOT WRITE IN THIS SPACE

90140904 3. Mailing Address 2. Principal Place of Business . BEARSS lloz E. <u>BloomingDACE AV</u> <u> 3355</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3371 Not Applicable AM PA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE Zip Code 33618 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 SIGNATURE January 1 - May 1 Fee is \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TITLE ANTUNANO, JAMES NAME NAME 1102 E. BLOOMINGDALE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE TITLE NAME NAME _ STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILE NAME NAME

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

July 3, 2003

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE:

James Antunano Management Corporation

Dec. # P96000031669

Dear Sir or Madam:

We recently discovered that the above referenced corporation never received the 2003 Uniform Business Report from the State of Florida Department of Revenue. Therefore, James Antunano Management Corporation is remitting, along with a handwritten 2003 Uniform Business Report, a check to the Department of State in the amount of \$150.00 to cover the cost of filing the Uniform Business Report for the year 2003. We are asking that the penalty be abated since the State of Florida-Department of Revenue failed to mail to James Antunano Management Corporation an original Uniform Business Report at the beginning of the year 2003.

Thank you.

Sincerely,

Walter S. Sanders

WS/sw