

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041411

1. Entity Name
ANTHONY DEVELOPMENT CORPORATION

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90018 031 ***158.75

Principal Place of Business
**215 NE 18TH AVENUE
POMPANO BEACH FL 33060**

Mailing Address
**215 NE 18TH AVENUE
POMPANO BEACH FL 33060**

2. Principal Place of Business

3. Mailing Address
220 NE 25th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Pompano Beach FL

4. FEI Number **65-0681404**

Applied For
Not Applicable

Zip Country

Zip Country
33062 Broward

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

**DIROBERTO, JOHN A JR.
215 NE 18TH AVENUE
POMPANO BEACH FL 33060**

Name

Street Address (P.O. Box Number is Not Acceptable)
220 NE 25th Avenue

City **Pompano Beach** FL Zip Code **33062**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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** ☐ Delete
NAME **DIROBERTO, JR., JOHN A**
STREET ADDRESS **220 NE 25TH AVE.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 officers empowered.

SIGNATURE: **John A. DiRoberto Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/30/01** Daytime Phone # **954/783-0074**

CR2E034 (10/00)