

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-18-2001 90018 031 ***158.75

DOCUMENT # P96000041411

1. Entity Name
ANTHONY DEVELOPMENT CORPORATION

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

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

11 11 11 11 11



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
220 NE 25th Avenue
 Suite, Apt. #, etc.

City & State

City & State
Pompano Beach A

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 _____ 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P DIROBERTO, JR., JOHN A 220 NE 25TH AVE. POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 info empowered.

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

Date **4/30/11** Daytime Phone # **954/783-0074**

CR2E034 (10/00)