

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90051 015 ***150.00

DOCUMENT # **PA6000097721**

1. Entity Name

Anna of Miami, Inc.

DO NOT WRITE IN THIS SPACE

976286

2. Principal Place of Business

407 Lincoln Rd.

3. Mailing Address

764 Washington Av.

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI Beach, FL

City & State

MIAMI Beach, FL

4. FEI Number

65-0725131

Applied For

Not Applicable

Zip

33139

Country

U.S.

Zip

33139

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Bonaventura, Ripa

Street Address (P.O. Box Number is Not Acceptable)

764 Washington Ave.

City

MIAMI Beach

FL

Zip Code

33139

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 reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
Bonaventura, Ripa
764 Washington Ave.
MIAMI Beach, FL 33139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Oscar Fonseca
764 Washington Av.
M. Beach, FL 33139** **<delete**

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**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

Attachment
R#P9600097721
976284

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534

July 12, 2002

Division of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

Re: Anna of Miami, Inc.
764 Washington Ave.
Miami Beach, Fl 33139
P9600007721

Dear Sir or Madam:

Please accept my client's \$150 check he never received the uniform business report. He has been in and out of hospitals since the end of last year.

Thanking you in advance

Sincerely,


George L. Brito
Accountant

GB/irp