

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90188 009 \*\*\*150.00

**DOCUMENT # P97000029343**

1. Entity Name

**ANVIL INVESTMENTS, INC.**

Principal Place of Business

**1607 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES FL 33134**

Mailing Address

**1607 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES FL 33134**

00008140



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**250 GIRALDA AVE  
Suite, Apt. #, etc.  
CORAL GABLES, FL  
City & State**

3. Mailing Address

**250 GIRALDA AVE  
Suite, Apt. #, etc.  
CORAL GABLES, FL  
City & State**

4. FEI Number **65-0739683**

Applied For

Not Applicable

Zip **33134**

Country **USA**

Zip **33134**

Country **USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NUNEZ, ALEJANDRO  
1607 PONCE DE LEON BLVD.  
SUITE 101  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **NUNEZ, ALEJANDRO**

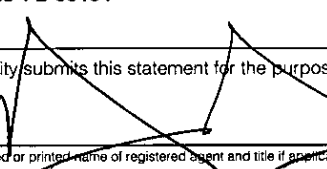
Street Address (P.O. Box Number is Not Acceptable)

**250 GIRALDA AVE**

City **CORAL GABLES FL**

Zip Code **33134**

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.

**ALEJANDRO NUNEZ ESQ**

**4-25-01**

(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

TITLE **VPT** ☐ Delete  
NAME **SEIJAS, VICTOR**  
STREET ADDRESS **1607 PONCE DE LEON BV 101**  
CITY-ST-ZIP **MIAMI FL 33134**

TITLE **P** ☐ Delete  
NAME **BLANCA, ANTONIO J**  
STREET ADDRESS **1607 PONCE DE LEON, #101**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **SD** ☐ Delete  
NAME **NUNEZ, ALEJANDRO**  
STREET ADDRESS **1607 PONCE DE LEON, #101**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VPT** ☒ Change ☐ Addition  
NAME **SEIJAS, VICTOR**  
STREET ADDRESS **250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **P** ☒ Change ☐ Addition  
NAME **BLANCA, ANTONIO J.**  
STREET ADDRESS **250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **SD** ☒ Change ☐ Addition  
NAME **NUNEZ, ALEJANDRO**  
STREET ADDRESS **250 GIRALDA AVENUE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANTONIO BLANCA  
PRESIDENT**

Date

Daytime Phone #

**4/25/2001 305-774-6222**

CR2E034 (10/00)