FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90730 043 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035331

1. Entity Name: ANTHONY'S INFLATABLES INTL, INC

DO NOT WRITE IN THIS SPACE

B0122758

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 689 NE 42ND ST.	Suite, Apt. #, etc.: 689 NE, 42ND ST.
City & State: FT. LAUDERDALE FL	City & State: FT. LAUDERDALE, FL
Zip: 33334 Country: FL	Zip: 33334 Country: FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0758081 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SHEIK A. AHMADI

Street Address (P.O. Box Number is Not Acceptable): 689, NE, 42ND ST.

City: F.T. LAUDERDALE **FL** Zip Code: 33334

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) ☐

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	PRESIDENT	TITLE	
NAME	SHEIK A AHMADI	NAME	
STREET ADDRESS	689 NE 42ND ST.	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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] 04/16/02 (954 565 1596)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR