

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-01-2001 90009 047 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035491

1. Entity Name

M.C. ANNINOS, INC.

NEW ADDRESS

Principal Place of Business

11951 DATE PALM DR
BOYNTON BCH FL 33436

Mailing Address

11951 DATE PALM DR
BOYNTON BCH FL 33436

SAME

US 6040 SUNBERRY CIRCLE

BOYNTON BCH FL 33437

2. Principal Place of Business

6040 SUNBERRY

Suite, Apt. #, etc.

CIRCLE

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOYNTON BCH

City & State

SAME

Zip
33437

Country

USA FL

Zip

Country

4. FEI Number

60-0760471

Applied For

Not Applicable

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

ANNINOS, MARIE C

11951 DATE PALM DR

BOYNTON BCH FL 33436

ANNINOS, MARIE C

6040 SUNBERRY
CIRCLE

33437 BOYNTON BCH FL

Name

MARIE C ANNINOS

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

6040 SUNBERRY CIRCLE

City

BOYNTON BCH

FL

Zip Code

33437

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 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 ☐ Delete

NAME ANNINOS, MARIE
 STREET ADDRESS 11951 DATE PALM DR
 CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE ☐ Delete

NAME MARIE-CHAUDE ANNINOS
 STREET ADDRESS 6040 SUNBERRY CIRCLE
 CITY-ST-ZIP BOYNTON BEACH FL 33437

TITLE ☐ Delete

NAME BOYNTON BEACH
 STREET ADDRESS FL 33437
 CITY-ST-ZIP

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 ☐ 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

TITLE ☐ Change ☐ Addition

NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/00 561 776 2794
 Date Daytime Phone

CR2E034 (5/01)

Attachment

11959

D# P9700035491

Pls Be informed that I have
filed last week of April.
I do not know what
happened. Re Tel conversation
Pls find enclosed another
cheque for \$ 150 -

Thank you
Mee