

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90064 001 ***158.75

DOCUMENT # P97000041400
 1. Entity Name
ANI - Forest, Inc. ✓

Principal Place of Business Mailing Address
2665 S. Bayshore Dr. Ste 202 **2665 S. Bayshore Dr. Ste 202**
Coconut Grove, FL 33133 **Coconut Grove, FL 33133**

2. Principal Place of Business 3. Mailing Address
9400 S. Dadeland Blvd. Suite 100 **9400 S. Dadeland Blvd. Suite 100**

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33156 **33156**

4. FEI Number **65-0751658** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Deutch, Richard E Jr
2665 S. Bayshore Dr. Ste 202
Coconut Grove, FL 33133

7. Name and Address of New Registered Agent
 Name **Deutch Richard E Jr**
 Street Address (P.O. Box Number is Not Acceptable) **1 SE 3rd Ave.**
Suite 350
 City **Miami** FL Zip Code **33131**

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 **RICHARD E. DEUTCH, JR.** **4-12-01**
 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. ☐ **FILE NOW!!! FEE IS \$160.00**
 10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	F	<input type="checkbox"/> Delete
NAME	Wolfson, Louis III	
STREET ADDRESS	2665 S. Bayshore Dr. Suite 202	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	P	<input type="checkbox"/> Delete
NAME	Wohl, Michael D.	
STREET ADDRESS	2665 S. Bayshore Dr. Ste 202	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	ST	<input type="checkbox"/> Delete
NAME	Angulo, Victor	
STREET ADDRESS	2665 S. Bayshore Dr. Ste 202	
CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	F	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wolfson, Louis III	
STREET ADDRESS	9400 S. Dadeland Blvd. Ste 100	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wohl, Michael	
STREET ADDRESS	9400 S. Dadeland Blvd Ste 100	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angulo, Victor	
STREET ADDRESS	6001 SW 116 Place	
CITY-ST-ZIP	Miami, FL 33156	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Michael D. Wohl** **4/11/01** **(305) 854-7700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)