## 2000 UNIFORM BUSINESS REPORT (UBR) FILED P97 0000 50786 **OCUMENT#** Aug 21, 2000 8:00 am Secretary of State Entity Name ANANIAS INC. 08-21-2000 90213 041 \*\*\*150.00 ுத் Place of Business 10287 NW 46 TH ST 187 NW 46 TH SV == SUNRISE, FL 33351 "NRISE, FL 33351 00080117 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0757361 Not Applicable Country \$8.75 Additional Country Zρ 5. Certificate of Status Desired 💎 🔲 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANG MANLY CHANG, NANCY Street Address (P.O. Box Number is Not Acceptable) 758 NW 47NO DVF , SUITE 304 758 NW 82 NO FUE, SUITE 304 CORAL SPRINGS, FL 33071 CORPU SPUINGS 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS ☐ Addition ☐ Delete TITLE CHANG NANCY NAME 758 NW 82 NO BUE STREET ADDRESS CITY-ST-ZIP CORDA SPRINGS FL 33071 ■ Addition ☐ Change HEITHANN JOERN NAME & 9481 BOY DRIVE 33154 SURFSIDE FL 33154 STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition Delete NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete STREET ADDRESS CITY-ST-ZIP ☐ Addition Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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. TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Affachment D#ggjowoxxx86 Dw 8 117

10287 NW 46TH STREET SUNRISE, FL 33351 USA

Phone 954-747-7810 Fax 954-747-781 Email sandalsRus@aol.com

August 14, 2000

Annual Reports Filings Division of Corporations P.O. Box 6327 Talahassee, FL 32314

To Whom It May Concern:

The above corporation never received an annual report notice form for the year 2000. Based upon a telephone conversation with an annual representative on July 18, 2000, I was instructed to pay the \$ 150.00 filing fee and fill out the enclosed form. Thank you for the great help from your representative and your department in this matter.

Sincerely,

Joern Heirmann Ananias Inc.