## 2001 UNIFORM BUSINESS REPORT (UBR)

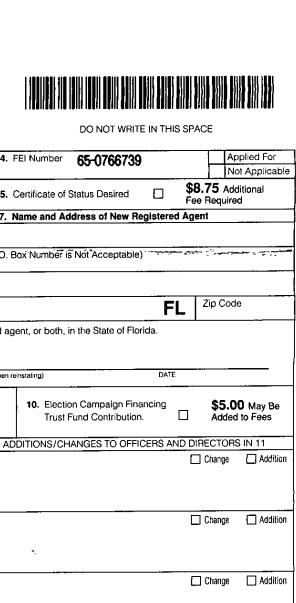
## DOCUMENT # **P97000055666**

1. Entity Name

## ANGLO COMMERCIAL CORPORATION

Principal Place of Business Mailing Address

## Apr 27, 2001 8:00 am Secretary of State 04-27-2001 90266 008 \*\*\*150.00



30 SW 23 AVE Miami FL 3313:		30 SW 23 AVENUE MIAMI FL 33135									
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2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address							BIITE BIII IBBI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat	e ·	City & State	City & State			FEI Number	65-076673	9		Applied For Not Applicable	]
Zip	Country	Zip Counti		ry	5. 4	Certificate of	Status Desired		<b>\$8.75</b> A Fee Requi	dditional	1
	6. Name and Address of Current	Registered Agent	nistered Agent			7. Name and Address of New Registered Agent					
	o. Name and Address of Current	riegistered Agent		Name							1
	RIGUEZ, MARCIA W 23 AVENUE	<u></u> <u>-</u> -		Street Address (P.O. Box Number is Not Acceptable)							<b>-</b>
MIAIM	AI FL 33135										
				City				Fl	Zip Co	ode	]
8. The above	named entity submits this statement for	or the purpose of changing its	registere	d office or re	gistered ag	ent, or both, i	in the State of Fl	orida.			1
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature	required when re	einstating)		DATE			1
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  (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 Sta			I .	on Campaign Fi Fund Contribution			.00 May Be ed to Fees	
11.	OFFICERS AND	DIRECTORS	12.	-	AD	DITIONS/CH	IANGES TO OF	FICERS AN	D DIRECTO	RS IN 11	↿.
TITLE	PSTD		TITLE						☐ Change	Addition	0
NAME	RODRIGUEZ, MARCIA		NAME								1
STREET ADDRESS CITY-ST-ZIP	13851 SW 25 TERR MIAMI FL 33175			T ADDRESS ST-ZIP							8
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STREET ADDRESS			STREE	T ADDRESS							1
CITY-ST-ZIP			CITY-	ST-ZIP							1
13 I hereby r	pertify that the information supplied with	this filing does not qualify for	r the ever	notion stated	Lin Section	119 07(3)(i) E	Florida Statutes	I further ce	ertify that the	information	J

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.