

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90369 047 ***150.00

DOCUMENT # P98000054734

1. Entity Name
ANNIE B. INC.

Principal Place of Business

**19390 COLLINS AVE.
 SUITE 410
 SUNNY ISLES BEACH FL 33160
 US**

Mailing Address

**19390 COLLINS AVE.
 SUITE 410
 SUNNY ISLES BEACH FL 33160
 US**

2. Principal Place of Business

**1251 N.E. 108 Street
 Suite 416
 N. Miami, FL.
 33161-7345 U.S.A.**

3. Mailing Address

**1251 N.E. 108 Street
 Suite 416
 N. Miami, FL.
 33161-7345 U.S.A.**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0851620**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BENALCAZAR, ANA L
 19390 COLLINS AVE.
 SUITE 410
 SUNNY ISLES BEACH FL 33160**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 (NOTE: Registered Agent signature required when reinstating)

DATE **4/10/02**

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **P** ☐ Delete
 NAME **ANNIE B. INC.**
 STREET ADDRESS **19390 COLLINS AVE., SUITE 410**
 CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(President) **4/10/02 (305)490-0501**

CR2E034 (9/01)