

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068837

1. Entity Name

ANELI TECHKNOWLEDGE, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90143 008 \*\*\*150.00

Principal Place of Business

1321 SW 107TH AVE. STE 210-A  
MIAMI FL 33174

Mailing Address

1321 SW 107TH AVE. STE 210-A  
MIAMI FL 33174-2524

2. Principal Place of Business

8550 NW 33 St

3. Mailing Address

8550 NW 33 St

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0872309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, TANIA M  
1321 SW 107TH AVE, STE 210  
MIAMI FL 33174

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

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 \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME P  
STREET ADDRESS SHOJAE, MASOUD  
CITY-ST-ZIP 1321 SW 107TH AVE, STE 210  
MIAMI FL 33174

TITLE ☐ Delete  
NAME S  
STREET ADDRESS D'AGOSTINO, BONNIE  
CITY-ST-ZIP 1321 SW 107TH AVE, STE 210  
MIAMI FL 33174

TITLE ☐ Delete  
NAME T.  
STREET ADDRESS MARTIN, TANIA M  
CITY-ST-ZIP 1321 SW 107TH AVE, STE 210  
MIAMI FL 33174

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  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-17-00 305 223-9596

CR2E034 (9/99)