## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 16, 2001 8:00 am Secretary of State DOCUMENT # P98000068837 1. Entity Name 05-16-2001 90232 041 \*\*\*150.00 ANELI TECHKNOWLEDGE, INC. Principal Place of Business Mailing Address 8550 NW 33 ST 8550 NW 33 ST $\mathbf{RPH55730}$ 100 MIAMI FL 33122 MIAMI FL 33122 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0872309 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SAME MARTIN, TANIA M 1321 SW 107TH AVE, STE 210 **MIAMI FL 33174** 8. The above named entity submits in 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. 11. TITLE 🔀 Change Addition ☐ Delete TITLE SHOJAEE, MASOUD NAME NAME 8550 NW 33 St Swite 60 STREET ADDRESS STREET ADDRESS 1321 SW 107TH AVE, STE 210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 Change ☐ Addition TITLE Delete TITLE NAME D'AGOSTINO, BONNIE NAME STREET ADDRESS STREET ADDRESS 1321 SW 107TH AVE. STE 210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 ☐ Addition TITLE ☐ Delete TITLE NAME MARTIN, TANIA M NAME 2550 NW 33 St Swote 100 STREET ADDRESS STREET ADDRESS 1321 SW 107TH AVE. STE 210 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33174 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment v an address, with all other Tania HMartin SIGNATURE:

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 empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED