

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91322 003 ***163.75

DOCUMENT # P98000069228

1. Entity Name

ANASSERI AND ASSOCIATES, INC.

Principal Place of Business

**11252 SW 151 PL
 MIAMI FL 33196**

Mailing Address

**11252 SW 151 PL
 MIAMI FL 33196**

2. Principal Place of Business

386 Isla Linda Blvd.

3. Mailing Address

PO Box 162950

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, Fla

City & State

Miami, Fla

Zip

Country

33143 U.S.A

Zip

Country

33196 U.S.A

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOLD, STUART M
 8180 NW 36TH ST, STE 100
 MIAMI FL 33166**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANASSERI, SHIVA 11252 SW 151 PL MIAMI FL 33196	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

4, 29, 2001 (305) 740-0740

Date

Daytime Phone #

CR2E034 (10/00)