

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083776

1. Entity Name

ANTA'S FITNESS AND SELF DEFENSE, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90098 031 ***150.00

Principal Place of Business

3960 NORTHWEST 64TH AVENUE
MIAMI FL 33166

Mailing Address

5230 NW 109 AVE #104
MIAMI FL 33178

2. Principal Place of Business

5230 NW 109 Ave #4

Suite, Apt. #, etc.
#4

3. Mailing Address

5230 NW 109 Ave .

Suite, Apt. #, etc.
#4

City & State

Miami, FL

Zip
33178

Country

USA

City & State

Miami, FL

Zip
33178

Country

USA

4. FEI Number

65-0866651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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
PD
ANTA, JULIO G
5230 NW 109 AVE #104
MIAMI FL 33178 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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ANTA, ELENA
5230 NW 109 AVE #104
MIAMI FL 33178 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)