

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90141 001 ***158.00

DOCUMENT # PA80000076550
1. Entity Name Anthony David Enterprises Inc.

653250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1287 E. Newport Ctr Dr
Suite, Apt. #, etc.
Suite 211

3. Mailing Address
22344 Tuna Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Deerfield Beach FL

City & State
Boca Raton, FL

4. FFL Number
65-0868812

Applied For
Not Applicable

Zip
33442

Country
USA

Zip
33428

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lizzette Hernandez

Street Address (P.O. Box Number is Not Acceptable)
22433 Tuna Place

City Boca Raton FL Zip Code 33428

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 renewing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME President
STREET ADDRESS Lizzette Hernandez
CITY-ST-ZIP 22433 Tuna Place
Boca Raton, FL. 33428

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

(954) 570-9897

Telephone Number

CR2E034B (12/01)