FILED
Jun 09, 2003 8:00 am
Secretary of State
05-23-2003 90144 008 ***150.00

5/23

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT:# P98000086556

1. Entity Name
Anthony David Enterprises, INC (L)

[redacted]

44003691
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1287 E. Newport Ctr Dr	22433 Tuna Place
Suite, Apt. #, etc.: Suite 211	Suite, Apt. #, etc.
City & State: Deerfield Beach Fl	City & State: Boca Raton, Fl
Zip: 33442 Country: USA	Zip: 33428 Country: USA

4. FEI Number: 65-0868812 ☐ Applied For ☐ Not Applicable

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

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. 33428
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LIZZETTE HERNANDEZ 22433 Tuna Place Boca Raton, Fl. 33428
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/2/03 (954)5709897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #