

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004051

1. Entity Name
ANATON, INC.

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90099 017 ***550.00

Principal Place of Business Mailing Address
C/O MICHAEL ORTIZ C/O MICHAEL ORTIZ
~~2665 SOUTH BAYSHORE DRIVE #902~~ ~~2665 SOUTH BAYSHORE DRIVE #902~~
~~MIAMI FL 33133~~ ~~MIAMI FL 33133~~

2. Principal Place of Business 3. Mailing Address
328 Minorca Avenue 328 Minorca Avenue
Suite, Apt. #, etc. Suite, Apt. #, etc.
Second Floor Second Floor

City & State City & State
Coral Gables, FL Coral Gables, FL
Zip Country Zip Country
33134 USA 33134 USA

4. FEI Number Applied For
65-0888466 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
ORTIZ, MICHAEL
~~2665 SOUTH BAYSHORE DRIVE~~
~~SUITE 902~~
~~MIAMI FL 33133~~
Name
Michael Ortiz
Street Address (P.O. Box Number is Not Acceptable)
328 Minorca Avenue
Second Floor
City Coral Gables, FL Zip Code 33134

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  Michael Ortiz 8/28/00
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 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 P/D	Leonid Joukov	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	328 Minorca Avenue, 2nd FL		NAME		
STREET ADDRESS	Coral Gables, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE S/T	Tatiana Joukova	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	328 Minorca Avenue - 2nd Floor		NAME		
STREET ADDRESS	Coral Gables, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VP	Michael Ortiz	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	328 Minorca Avenue - 2nd Floor		NAME		
STREET ADDRESS	Coral Gables, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  Michael Ortiz 8/28/00 (305) 476-5270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)