

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031174

1. Entity Name

ANSIN, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90058 030 ***150.00

Principal Place of Business

239 ATLANTIC BLVD.
NORTH MIAMI BEACH FL 33160

Mailing Address

239 ATLANTIC BLVD.
NORTH MIAMI BEACH FL 33160-4501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0908976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FEINBERG, JEFFREY
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

DAVID BOUGANIM

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

239 ATLANTIC ISLE

City

SUNNY ISLE BCH

FL

Zip Code

33160

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.

DAVID BOUGANIM

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/2000

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, 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

TITLE ☐ Delete
NAME BOUGANIM, DAVID
STREET ADDRESS 239 ATLANTIC BLVD.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☒ Delete
NAME NEUMAN, NATHAN
STREET ADDRESS 21180 MAIN CIRCLE
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/2000

Daytime Phone #