

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90131 028 \*\*\*150.00

A0062073

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P99000031786**

1. Entity Name  
**ANT International Corp.**

Principal Place of Business  
**1122 The Pointe De  
 West Palm Beach, FL  
 33409**

Mailing Address  
**1122 The Pointe De  
 West Palm Beach, FL  
 33409**

2. Principal Place of Business  
**1122 THE POINTE DRIVE**

3. Mailing Address  
**1122 THE POINTE DRIVE**

Suite, Apt. #, etc. **—**

Suite, Apt. #, etc. **—**

City & State  
**West Palm Beach, FL**

City & State  
**West Palm Beach, FL**

4. Fil Number  
**65-0911961**

Applied For  
 Not Applicable

Zip  
**33409**

Country  
**U.S.A**

Zip  
**33409**

Country  
**U.S.A**

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

## 6. Name and Address of Current Registered Agent

**JOSE A. ARANGO  
 1122 THE POINTE DRIVE  
 West Palm Beach, FL 33409**

## 7. Name and Address of New Registered Agent

Name **ALVARO J HERNANDEZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1122 THE POINTE DRIVE**  
 City **West Palm Beach** FL **33409**

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 **ALVARO J HERNANDEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04-24-01**

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

TITLE **PD** ☒ Delete  
 NAME **ARANGO JOSE A**  
 STREET ADDRESS **1122 THE POINTE DRIVE**  
 CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE **VSTD** ☒ Delete  
 NAME **HERNANDEZ Adelfino L**  
 STREET ADDRESS **1122 THE POINTE DRIVE**  
 CITY-ST-ZIP **West Palm Beach FL 33409**

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 **HERNANDEZ ALVARO J**  
 STREET ADDRESS **1122 THE POINTE DRIVE**  
 CITY-ST-ZIP **West Palm Beach, FL 33409**

TITLE ☐ Change ☒ Addition  
 NAME **GONZALEZ-RUBIO Martha P**  
 STREET ADDRESS **1122 THE POINTE DRIVE**  
 CITY-ST-ZIP **West Palm Beach, FL 33409**

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-24-01 (561) 686-3259**

Date Daytime Phone #

CR2E034 (1/1/00)