FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State
04-17-2002 90160 029 ***150.00

DOCUMENT # P99000083878

1. Entity Name
ANTIGONI CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13530 SW 62 ST	13530 SW 62 ST
Suite, Apt. #, etc. #1-E	Suite, Apt. #, etc. #1-E
City & State Miami, FL.	City & State Miami, FL.
Zip 33183 County USA	Zip 33183 County USA

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4. FEI Number 65-0949520 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: ALEJANDRO W. ROSAS

Street Address (P.O. Box Number is Not Acceptable): 13530 SW 62 ST #1-E

City: Miami FL Zip Code: 33183

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: X Alejandro Rosas ALEJANDRO ROSAS 3/20/02
(Signature of new registered agent, if applicable) (Name of Registered Agent typed or printed when submitting) 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	P/D
NAME	ROSAS, ALEJANDRO W.
STREET ADDRESS	13530 SW 62 ST #1-E
CITY-ST-ZIP	Miami, FL. 33183

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

SIGNATURE: X Alejandro Rosas ALEJANDRO ROSAS 3/20/02 (305)387-2445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #