

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099420

1. Entity Name

ANMA ASSOCIATES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90019 010 ***158.75

Principal Place of Business

Mailing Address

21914 OLD BRIDGE TRAIL
BOCA RATON FL 33428

21914 OLD BRIDGE TRAIL
BOCA RATON FL 33428-2855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0963235

Applied For

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

CAMILLE M. LO FRIA

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

21914 OLD BRIDGE TRAIL

City

BOCA RATON

FL

Zip Code
33428

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

CAMILLE M. LO FRIA

APRIL 12, 2000

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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☐ Delete
NAME **LO FRIA, ANTHONY**
STREET ADDRESS **21914 OLD BRIDGE TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **COCOZZA, BARTOLOMEO MAURIZIO**
STREET ADDRESS **21914 OLD BRIDGE TRAIL**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **SD** ☐ Delete
NAME **LO FRIA, CAMILLE**
STREET ADDRESS **21914 OLD BRIDGE TRAIL**
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition
NAME **NOBILE, MICHELINA**
STREET ADDRESS **21914 OLD BRIDGE TRAIL**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

CAMILLE M. LO FRIA

4/12/2000

561-477-0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #