

-2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000109826**

1. Entity Name

ANTARES INTERNATIONAL CORP.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90088 045 ***150.00

0203202

Principal Place of Business

1801 S.W. 107TH AVE #2504
MIAMI FL 33165

Mailing Address

1801 S.W. 107TH AVE #2504
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1801 SW 107 Ave

Suite, Apt. #, etc.

2504

3. Mailing Address

1801 SW 107 Ave

Suite, Apt. #, etc.

2504

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33165

Country

USA

Zip

33165

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SILVA, NEREYDA**1801 S.W. 107TH AVE #2504**
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

NEREYDA SILVA

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

1801 S.W. 107th Ave**Suite # 2504**

City

MIAMI

FL

Zip Code

33165

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-019. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	SILVD, NEREYDO	
STREET ADDRESS	1801 S.W. 107TH AVE #2504	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VD	☐ Delete
NAME	LLINOS, ORLANDO	
STREET ADDRESS	2290 SW 11TH ST	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	SD	☐ Delete
NAME	GUERRO, ROBERTO J	
STREET ADDRESS	1130 SW 23RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33135	
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		
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

Date

Daytime Phone #

4-25-01 786-621-0764

CR2E034 (10/00)