

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90242 017 ***158.75

DOCUMENT # P99000110209

1. Entity Name

ANTORCHA INTERNATIONAL, INC.

Principal Place of Business

**8540 N.W. 66TH STREET
 MIAMI FL 33166**

Mailing Address

**8540 N.W. 66TH STREET
 MIAMI FL 33166**

2. Principal Place of Business

10302 NW SOUTH RIVER DR.

3. Mailing Address

10302 NW SOUTH RIVER DR.

Suite, Apt. #, etc.

BAY 19 # 21

Suite, Apt. #, etc.

BAY 19 # 21

City & State

MEDLEY, FL.

City & State

MEDLEY, FL.

Zip

33178

Country

USA

Zip

33178

Country

USA

4. FEI Number

65-0988776

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Isabel Capellan

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

6151 N.W. 42 TERR

COCONUT CREEK FL 33073

City

FL

Zip Code

33073

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

Isabel Capellan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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 **PARADAS, MIGUEL A**
 STREET ADDRESS **8540 N.W. 66 STREET**
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **S** ☐ Delete
 NAME **CAPELLAN, ISABEL**
 STREET ADDRESS **6151 N.W. 42 TERRACE**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

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
 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:

Isabel Capellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

Daytime Phone #

CR2E034 (10/00)