

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S29326

1. Entity Name
ANTOFER, INC.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90034 021 ***150.00

Principal Place of Business
8600 49TH STREET NORTH
PINELLAS PARK FL 34666

Mailing Address
8600 49TH STREET NORTH
PINELLAS PARK FL 34666

2. Principal Place of Business
3151 56 St. North
Suite, Apt. #, etc.

3. Mailing Address
3151 56 St. N.
Suite, Apt. #, etc.

City & State
St. Petersburg FLORIDA
Zip 33710 Country USA

City & State
St. Petersburg FLA
Zip 33710 Country USA

4. FEI Number 59-3049021

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, HUMBERTO
8600 49TH STREET NORTH
PINELLAS PARK FL 34666

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME FERNANDEZ, HUMBERTO
STREET ADDRESS 8600 49TH ST. NORTH
CITY-ST-ZIP PINELLAS PARK FL

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

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

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: Humberto Fernandez Humberto FERNANDEZ

4/13/01
Date

727-343-5577
Daytime Phone #

CR2E034 (10/00)