

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S96919

1. Entity Name

Antiguo Fence, Inc.

Principal Place of Business

Mailing Address

1044 E. 29<sup>th</sup> ST.  
Hialeah, FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0299613

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

Felix Olivera  
1044 E. 29 ST.  
Hialeah, FL 33013

7. Name and Address of New Registered Agent

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP  
PRESIDENT Felix Olivera 1044 E. 29 ST. Hialeah, FL 33013

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Change ☐ Addition

100004716641-7  
-12/10/01--01084--014  
\*\*\*\$150.00 \*\*\*\$150.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE 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

Date

Daytime Phone #

305-884-4434

CR2E034 (11/00)

FILED

01 NOV 28 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1002

2012

ANTIGUO FENCE, INC.  
DOC.# S96919

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE  
TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS  
CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT ME.



CORDIALLY  
FELIX OLIVERA  
PRESIDENT