

# 2001 UNIFORM BUSINESS REPORT (UBR)

0010001 AF

**DOCUMENT #** L00000006720  
**1. Entity Name**  
 ANDAV FURNITURE, L.L.C.

FILED  
 01 APR 16 PM 3: 11

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business**      **Mailing Address**  
 9200 S DADELAND BLVD      9200 S DADELAND BLVD  
 SUITE 603      SUITE 603  
 MIAMI FL 33156      MIAMI FL 33156

**2. Principal Place of Business** <sup>0066-10068</sup> **3. Mailing Address**  
 NW 46th Street, Sunryice      1079 Chenille Circle  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 Sunryice      WESTON

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
 Sunryice FLORIDA      FLORIDA  
**Zip**      **Country**      **Zip**      **Country**  
 33351      U.S.A      33327      USA.

**4. FEI Number**      **Applied For**  
 65-1015129       Not Applicable  
**5. Certificate of Status Desired**       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CUEVAS, ANDREW ESQ  
 CUEVAS & RUBIN PA  
 9200 S DADELAND BLVD SUITE 603  
 MIAMI FL 33156

**7. Name and Address of New Registered Agent**  
**Name** Andrew Cuevas, Esq.  
**Street Address (P.O. Box Number is Not Acceptable)**  
 536 Biltmore Way  
**City** Coral Gables      **FL**      **Zip Code** 33134

**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, MARIA ANGELA BERRIO 9200 S DADELAND BLVD SUITE 603 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, JUAN DAVID BERRIO 9200 S DADELAND BLVD SUITE 603 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, HERMES DANIEL BERRIO 9200 S DADELAND BLVD SUITE 603 MIAMI FL 33156 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ MARIA ANGELICA BERRIO 1079 Chenille Circle WESTON FL. 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ JUAN DAVID BERRIO 1079 Chenille Circle WESTON FL. 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ HERMES DANIEL BERRIO 1079 Chenille Circle WESTON FL. 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER HERNANDEZ HERMES LORENZO BERRIO 1079 Chenille Circle WESTON FL. 33327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

**11.** 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** X *[Signature]*      **Date** 04/12/01 (934)3499997      **Daytime Phone #**

CR2E083 (11/00)