2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90219 004 ***150.00

DOCUMENT # P94000076687

1. Entity Name
ANDEAN DEVELOPMENT CORPORATION

755946

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1900 GLADES ROAD SUITE 351 BOCA RATON FL 33431	AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDES SANTIAGO CHILE

2. Principal Place of Business	3. Mailing Address
ONE BRICKELL SQUARE	
Suite, Apt. #, etc. 801 BRICKELL AVE, # 900	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33131	Zip
Country USA	Country

4. FEI Number 65-0548697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
MIAMI FL 33131

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 _____ 4/1/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS ERRAZURIZ, PEDRO P AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE SANTIAGO CHILE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS YRARRAZAVAL, JOSE L AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE SANTIAGO CHILE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CODDOU, ALBERTO AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE SANTIAGO CHILE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JIMENEZ, SERGIO AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE SANTIAGO CHILE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MERMIER, CLAUDE AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE SANTIAGO CHILE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE LA BARRA, MAURICIO AV. AMERICO VESPUCIO 100 PISO 16-LAS CONDE SANTIAGO CHILE	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: _____ 4/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #