

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90104 024 ***150.00

DOCUMENT # P98000043909

1. Entity Name
ANDREWS COMMERCIAL CENTER, INC.

Principal Place of Business 2700 ALHAMBRA CIR. MIAMI FL 33134		Mailing Address 2700 ALHAMBRA CIR. MIAMI FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

00000161



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0835501		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, BRADFORD A 799 BRICKELL PLAZA BRICKELL CENTRE, STE 900 MIAMI FL 33131		Name Thomas, Bradford A. Street Address (P.O. Box Number is Not Acceptable) 6161 Blue Lagoon Dr, Suite 350 City Miami FL Zip Code 33126	

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 **Bradford A. Thomas** DATE **1/11/2001**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOVER, JOHN 2423 ALHAMBRA CIRCLE CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President David W. Harris 2641 E. Atlantic Blvd, Suite 202 Pompano Beach, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President John W. Hoover, Jr. 2423 Alhambra Circle Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Elizabeth Hoover 2700 Alhambra Circle Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Elizabeth Hoover Elizabeth Hoover, Secretary 1/11/2001 305-642-6220 ext 151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)