## 3/8/ 2000 UNIFORM BUSINESS REPORT (UBR) May 22, 2000 8:00 am DOCUMENT # P99000080718 Secretary of State Entity Name ANDALU ENTERPRISES, INC. 03-08-2000 90129 008 \*\*\*150.00 Principal Place of Business Mailing Address 2020 NE 160AD STREET, #300 2020 NE 163RD STREET, #000 កម្មក្នុងស្នា NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162-4927 2. Principal Place of Business ve 6301 COLLINS AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2506 #25<u>06</u> 4 FEINUMBER 0951400 City & State City & State Applied For MIAMI BEACH MIAMI FL. FLORIDA Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired U.S.A. **-33141** บร A 33141 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 1ARIA ANDREA URF ALBO, JAMES V Street Address (P.O. Box Number is Not Acceptable) # 250% 2020 NE 163RD STREET, #300 NORTH MIAMI BEACH FL 33162 City Miami nis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits MNDREA imi jimi SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See cnteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT, SECRETARY, DIRECTOR Delete TITLE Acdition Change MIGUEL KURE NAME .... ADDRESS 6301 COLLINS AVENUE, #2506 STREET ADDRESS ··· ST-212 CITY-ST-ZIP <u>MIAMI BEACH, EL 33141</u> VICE-PRESIDENT/DIRECTOR ☐ Delete Addition ☐ Change MARIATANDREA RURET MAME \*\*\*\*\*\*\*\*\* 6301 COLLINS AVENUE, #25 MIAMI BEACH - FL 33141 STREET ADDRESS CITY-ST-ZIP. TREASURER/DIRECTOR ☐ Detete TITLE ☐ Change ☐ Addition EMMA CECILIA KURE NAME - APPRINCE 6301 COLLINS AVENUE, #2506 STREET ADDRESS ST 217 CITY-ST-ZIP MIAMI BEACH, EL 33141 ☐ Delete ΠTLE Change Addition NAME Antheres. STREET ADDRESS ST DP CATY-ST-ZIP ☐ Delete ทกร ☐ Change ☐ Addition \*Annerss STREET ADDRESS ST-ZIP CITY-ST-7IP Addition Delete TITLE Change NAME ainuner STREET ADDRESS CITY-ST-7IP 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.

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NO OFFICER OR DIRECTOR