

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

DA17084 AV

DOCUMENT # P93000003122

1. Entity Name
ANDALUCIA REALTY INCORPORATED

04-30-2002 90127 033 ***150.00

Principal Place of Business
**6380 MARBELLA BLVD.
 APOLLO BEACH FL 33572**

Mailing Address
**6380 MARBELLA BLVD.
 APOLLO BEACH FL 33572**

0 0 9 / 0 8



2. Principal Place of Business
P. O. Box 3238

Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 3238

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Apollo Beach, FL

City & State
Apollo Beach, FL

4. FEI Number **59-3169179** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CARTWRIGHT, JO ANN
 6380 MARBELLA BLVD.
 APOLLO BEACH FL 33572**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PT MAHAYNI, ZAKI S 6380 MARBELLA BLVD. APOLLO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAF, KLAUS PASSAVANTSTRASE 22 FRANKFURT GE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MOYER, ROBERT J JR 12228 NORTH 56TH STREET TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *ZAKI S. MAHAYNI* **SIGNATURE REQUIRED** April 16, 2002 813/645-0203
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)