

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 478448

1. Entity Name

ANDROS INVESTMENTS CORPORATION

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90333 001 ***150.00
 05-06-2000 90333 002 *****8.75

12035



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1717 N BAYSHORE DR STE 114 MIAMI FL 33132	Mailing Address 1717 N BAYSHORE DR STE 114 MIAMI FL 33132-1196
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2. Principal Place of Business 1717 N. Bayshore Dr. Suite, Apt. #, etc. Suite 208 City & State Miami, FL Zip 33132	3. Mailing Address 1717 N. Bayshore Dr. Suite, Apt. #, etc. Suite 208 City & State Miami, FL Zip 33132
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4. FEI Number 65-0140677	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT INC
 1717 N BAYSHORE DR
 STE 114
 MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
 S&K Property Management, Inc.
 Street Address (P.O. Box Number is Not Acceptable)
 1717 N. Bayshore Dr.,
 Suite 208
 City
 Miami FL Zip Code
 33132

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 *Lidia Cartaya* 4/27/00 Lidia Cartaya, Vice President
 Signature, typed or printed name of registered agent and date 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, 2000 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

TITLE PD NAME BUCKREUS, GERTIE STREET ADDRESS 1717 N. BAYSHORE DRIVE, SUITE 114 CITY-ST-ZIP MIAMI FL 33132	<input type="checkbox"/> Delete
TITLE SV NAME CARTAYA, LIDIA STREET ADDRESS 1717 N. BAYSHORE DRIVE, SUITE 114 CITY-ST-ZIP MIAMI FL 33132	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD NAME Buckreus, Gerti STREET ADDRESS 1717 N. Bayshore Dr., Suite 208 CITY-ST-ZIP Miami, FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SV NAME Cartaya, Lidia STREET ADDRESS 1717 N. Bayshore Dr. Suite 208 CITY-ST-ZIP Miami, FL 33132	<input checked="" type="checkbox"/> Change <input 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
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

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: *Lidia Cartaya* Vice President 4/27/00 305 577-3885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)