

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 624257

1. Entity Name

ANDREW SERVICE CORPORATION OF FLORIDA

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

06-05-2001 90029 032 \*\*\*550.00

Principal Place of Business

201 S. BISCAYNE BLVD.  
 2900 MIAMI CENTER  
 MIAMI FL 33131  
 US

Mailing Address

201 S. BISCAYNE BLVD.  
 2900 MIAMI CENTER  
 MIAMI FL 33131  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2049195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASEY, CLAUDIA M.  
 201 S BISCAYNE BOULEVARD  
 2900 MIAMI CENTER  
 MIAMI FL 33131

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

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 PD ☐ Delete  
 NAME JORGENSEN, MARY ANN  
 STREET ADDRESS 201 SOUTH BISCAYNE BOULEVARD, #2900  
 CITY-ST-ZIP MIAMI, FL 00000

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD ☐ Delete  
 NAME MARGULIES, JEFFREY J  
 STREET ADDRESS 201 S BISCAYNE BLVD #2900  
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE AS ☐ Delete  
 NAME CASEY, CLAUDIA M  
 STREET ADDRESS 201 S BISCAYNE BLVD, #2900  
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VP ☐ Delete  
 NAME MYERS, KENNETH M  
 STREET ADDRESS 201 S BISCAYNE BLVD, #2900  
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE DVPT ☐ Delete  
 NAME BARRY, GEORGE  
 STREET ADDRESS 201 S BISCAYNE BLVD., #2900  
 CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)