

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714823

1. Entity Name

ANDOR PLAZA ASSOCIATION, INC.

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

04-24-2000 90150 040 ****61.25

Principal Place of Business
 16850 SOUTH GLADES DR
 NORTH MIAMI BEACH FL 33162-US

Mailing Address
 306 ALCAZAR AVE.
 STE. 309
 CORAL GABLES FL 33134-4318
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **59-1303146**
 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
SKRLD, INC.
 201 ALHAMBRA CIRCLE
 STE. 1102
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name **Cracked and Chase**
 Street Address (P.O. Box Number is Not Acceptable)
420 Lincoln Rd
305-674-9222
 City **Miami Beach Fla, 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 *William Cortes* **4/17/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
R	MCCONNELL, H H	201 ALHAMBRA CIRCLE, STE. 1102	CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	William Cortes	Bx 523 White Fla	33164	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TREASURY	JUAN C CORTES	16850 S GLADES DR 1	N. M. B. 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice-President	FLENA BENAVIDES	16850 S. Glades Dr Unit 4G	N. Miami BCH FL 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER I	BERTA CANTALICES	16850 S GLADES DR # 5E	N. M. B. FL 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
President	Wm Cortes	16850 S. Glades Dr # 8E	N. Mia. Bch Fla 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OFFICER II	DELFIN BALDONADO	16850 S GLADES DR # 6K	MIAMI FL 33162	<input checked="" type="checkbox"/>	<input type="checkbox"/>

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: *William Cortes* **4/17/2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)