

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002039

1. Entity Name

D'ANDREA INTERNATIONAL, INC.

FILED

Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90088 008 ***150.00

Principal Place of Business

7733 EGLANTINE LANE
NEW PORT RICHEY FL 34653

Mailing Address

7733 EGLANTINE LANE
NEW PORT RICHEY FL 34654-6334

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 58-1654069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

D'ANDREA, BRIGITTA
7733 EGLANTINE LANE
NEW PORT RICHEY FL 34654

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

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, 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 PCD ☐ Delete
NAME D'ANDREA, THOMAS
STREET ADDRESS 7733 EGLANTINE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE VSD ☐ Delete
NAME D'ANDREA, BRIGITTA
STREET ADDRESS 7733 EGLANTINE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE T ☐ Delete
NAME DOBSON, LINDA
STREET ADDRESS 63-40 77TH STREET
CITY-ST-ZIP MIDDLE VILLAGE NY

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 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:

Thomas D'Andrea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

JAN 24 2000

Daytime Phone #

(727) 379-0044

CR2E034 (9/99)