

**AMENDED**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

07-10-2002 90191030 \*\*\*\*61.25  
 FILED J21038

02 JUL 16 AM 11:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

80127370

DOCUMENT # **J21038**  
 1. Entity Name:  
**ANDO, Inc.**

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 filed*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**4409 N. Thatcher Ave**  
 Suite, Apt. #, etc.  
 City & State  
**Tampa, FL**  
 Zip  
**33614** Country  
**Hillsborough**

3. Mailing Address  
**- SAME -**  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number  
**59-2695312** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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7. Name and Address of Current Registered Agent  
 Name  
**Naida De La Parte**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3812 Little Rd**  
 City  
**Lutz** FL Zip Code  
**33549**

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 *Naida De La Parte*  
Signature, typed or printed name of registered agent and fee if applicable. (3011) Registered Agent signature required when filing.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
**Amended UBR is \$61.25**  
 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President De La Parte, Naida 3812 Little Rd Lutz, FL 33549</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>De La Parte, Andrew 3812 Little Rd Lutz, FL 33549</b> <i>Delete</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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*AS7/16*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Naida De La Parte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)