

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # L02000006246

1. Entity Name

ANDRADE ENTERPRISES, LLC



FILED

2005 APR -5 PM 4:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11336 Northwest 32nd Avenue

3. Mailing Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, Florida

City & State

4. FEI Number
320005010

Applied For

Not Applicable

Zip
32606

Country
United States

Zip

Country

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SPIEGEL & UTRERA, P.A.

Street Address (P.O. Box Number is Not Acceptable)

1840 Southwest 22 Street, 4th Floor

City
Miami

FL

Zip Code
33145

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. I am familiar with, and accept the obligations of registered agent of SPIEGEL & UTRERA, P.A.

By:  Natalia Utrera, Vice President

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/05

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Marcio Andrade 11336 Northwest 32nd Avenue Gainesville, Florida 32606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Marcio Andrade, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-05

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

FILED
2005 APR -5 PM 4:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

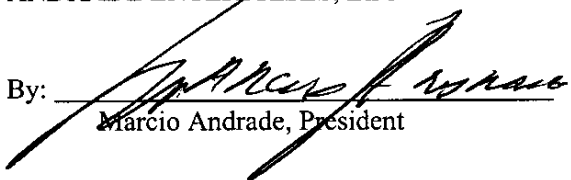
STATE OF FLORIDA)
)
COUNTY OF ALACHUA)

1. Marcio Andrade is the President of ANDRADE ENTERPRISES, LLC, a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on 12 March 2002.
3. That the Corporation failed to file its 2002, 2003, 2004, 2005 Annual Report or pay the 2002, 2003, 2004, 2005 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2002, 2003, 2004, 2005 Annual Report fees and the filing of its 2002, 2003, 2004, 2005 Annual Reports, which are presented simultaneously with this Affidavit.
5. ANDRADE ENTERPRISES, LLC satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.


Dated: _____ day of _____, 2005

FURTHER, AFFIANT SAYETH NOT

ANDRADE ENTERPRISES, LLC

By: 
Marcio Andrade, President

SWORN AND SUBSCRIBED
before me this 29 day of MARCH, 2005


Notary Public, State of Florida at Large
Printed Name: Debra Gay
Commission Expires: _____

