

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021153

DOCUMENT # L02000030601

1. Entity Name

AFG ANDRE FINANCIAL GROUP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC -8 PM 5:35

Principal Place of Business

9681 WESTOVER CLUB CIRCLE  
WINDERMERE FL 34786

Mailing Address

9681 WESTOVER CLUB CIRCLE  
WINDERMERE FL 34786

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

141-185 8043

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.

1840-SOUTHWEST-22-STREET

4TH FLOOR

MIAMI FL 33145

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DA SILVA, MARIA ESTELLA  
9681 WESTOVER CLUB CIRCLE  
WINDERMERE FL 34786

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800025328388  
12/08/03--01075--004 \*\*100.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
800025328388  
12/08/03--01075--005 \*\*50.00

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**REINSTATEMENT**

CR2E083 (4/03)