

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90001 046 ***150.00

DOCUMENT # L22339 ✓

1. Entity Name

PDP ANDIAMO, LTD. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

FLORIDA

3. Mailing Address

159 NW 70TH STREET

Suite, Apt. #, etc.

APT # 614

Suite, Apt. #, etc.

614

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

P. D. PETRICONE

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

159 NW 70TH STREET

APT # 614

City

BOCA RATON, FL

FL

Zip Code

33487

**DO NOT WRITE
IN THIS SPACE**

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

P. D. Petricone

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)

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 PRESIDENT
NAME P. D. PETRICONE
STREET ADDRESS 159 NW 70TH ST
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

P. D. Petricone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-02 561-998-2077

Date

Daytime Phone #

CR2E034B (12/01)

ATTACH # L22339/644903

COLEE COURT, INC.

159 NW 70TH STREET
BOCA RATON, FL 33487

4.20.02

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SUBJECT:

P.D. ANDIAMO LTD, INC

GENTLEMEN;

WE RECEIVED THE ORIGINAL REPORT FORMS
BUT, I BELIEVE THE CLEANING LADY MUST
HAVE DISCARDED IT. I HAVE COMPLETED
THE DUPLICATE FORM YOU SENT WITH THE
EXCEPTION OF THE FEI NUMBER. I
JUST CANNOT LOCATE IT AT THIS TIME.
HOWEVER I AM SURE YOU HAVE IT ON
RECORD FROM PREVIOUS FILINGS.

REGARDS,

P. D. Petricone
P. D. PETRICONE

TELEPHONE 561-998-2077