

AMENDED  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED

03 JUN 10 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # : L 22339

1. Entity Name

P. D. P. ANDIAMO LTD. INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2893 SW 6th ST.

Suite, Apt. #, etc.

3. Mailing Address

2893 SW 6th ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

4. FEI Number

65-0154478

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CARMEN F. HERALD

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

2893 SW 6th ST.

City

DELRAY BEACH

FL

Zip Code

33445

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

CARMEN F. HERALD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

PRESIDENT  
CARMEN F. HERALD  
2893 SW 6th ST.  
DELRAY BEACH, FL 33445

TITLE  
NAME  
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CITY - ST - ZIP

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DO NOT WRITE  
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12. 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: x

Carmen F. Herald

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

6/6/03

Date

Daytime Phone #

CR2E034B (12/02)