

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L57257

1. Entity Name

ANDREI INTERNATIONAL, INC.

FILED

Apr 25, 2000 8:00 am  
Secretary of State

04-25-2000 90035 040 \*\*\*158.75

Principal Place of Business

Mailing Address

2 OFFICE PARK DRIVE  
STE A-3  
PALM COAST FL 32137

2 OFFICE PARK DRIVE  
STE S-3  
PALM COAST FL 32137-3854



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A-3

City & State

City & State

4. FEI Number 59-3050116

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FEDELE, MARTHA  
2 OFFICE PARK DRIVE  
SUITE 2A2 A-3  
PALM COAST FL 32137

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.

SIGNATURE

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete  
NAME QUELLO, RICHARD B  
STREET ADDRESS 25 COCHISE COURT  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME FEDELE, MARTHA  
STREET ADDRESS 24 AVALON DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE DVPT ☐ Change ☒ Addition  
NAME FEDELE MARTHA  
STREET ADDRESS 24 AVALON DR  
CITY-ST-ZIP PALM COAST FL 32137

TITLE DVP ☐ Delete  
NAME FEDELE, SALVATORE  
STREET ADDRESS 24 AVALON DRIVE  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME QUELLO, KIM  
STREET ADDRESS 25 COCHISE COURT  
CITY-ST-ZIP PALM COAST FL

TITLE VPS ☐ Change ☒ Addition  
NAME QUELLO KIM  
STREET ADDRESS 25 COCHISE COURT  
CITY-ST-ZIP PALM COAST FL 32137

TITLE VP ☐ Delete  
NAME MONIQUE, JOSA  
STREET ADDRESS 66 BRIDGE HAVEN  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARTHA FEDELE 3/7/00 904-446-0396