2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90034 032 ***150.00

DOCUMENT # L57257

1. Entity Name

ANDREI INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
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	
Zip	Country	Zip	Country

4. FEI Number 59-3050116 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. This corporation is eligible to satisfy its filing requirement and elects to do so (See criteria on back) X

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 Additional

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	QUELLO, RICHARD B		NAME		
STREET ADDRESS	25 COCHISE COURT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP		
TITLE	VP T	☐ Delete	TITLE	DVPT	☐ Change ☑ Add
NAME	FEDELE, MARTHA		NAME	FEDELE MARTHA	
STREET ADDRESS	24 AVALON DRIVE		STREET ADDRESS	24 AVALON DR	
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DVP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	FEDELE, SALVATORE		NAME		
STREET ADDRESS	24 AVALON DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP		
TITLE	VP S	☐ Delete	TITLE	VPS	☐ Change ☒ Add
NAME	QUELLO, KIM		NAME	QUELLO KIM	
STREET ADDRESS	25 COCHISE COURT		STREET ADDRESS	25 COCHISE COURT	
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Add
NAME	MONIQUE, JOSA		NAME		
STREET ADDRESS	66 BRIDGE HAVEN		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.

4/24/01 (386) 446 6396

SIGNATURE: [signature] MARTHA FEDELE 3/7/00 904-446-0396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #