

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M84692

1. Entity Name

ANDROS DISTRIBUTORS, INC.

FILED  
Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90007 030 \*\*\*150.00

Principal Place of Business

C/O GABLES INTERNATIONAL PLAZA  
2655 LE JEUNE RD., SUITE 606  
CORAL GABLES FL 33134

Mailing Address

C/O GABLES INTERNATIONAL PLAZA  
2655 LE JEUNE RD., SUITE 606  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3469976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLUARD, PHILIPPE  
2655 LE JEUNE RD.  
SUITE 606  
CORAL GABLES FL 33134

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

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, 2001 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

TITLE DPT  
NAME ALLUARD, PHILIPPE  
STREET ADDRESS C/O 2655 LE JEUNE RD 606  
CITY-ST-ZIP CORAL GABLES FL ☐ Delete

TITLE S  
NAME SHAW, ERIC  
STREET ADDRESS 280 PARK AVE.  
CITY-ST-ZIP NEW YORK, NY. ☐ Delete

TITLE AS  
NAME ESH, NANCY  
STREET ADDRESS 280 PARK AVE.  
CITY-ST-ZIP NEW YORK, NY. ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President & Treasurer  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

TITLE VP + AS  
NAME Thierry Collet  
STREET ADDRESS 2655 Lejeune Road Ste 606  
CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE VP  
NAME Catherine Alluard  
STREET ADDRESS P.O. Jeronimo Drive  
CITY-ST-ZIP Coral Gables, FL 33146 ☐ Change ☒ Addition

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

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 #

305-442-7231

CR2E034 (10/00)

0160036