FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P0000001161 597 SOUTH ANDREWS CORPORATION 04-13-2001 90066 014 \*\*\*150.00 Principal Place of Business Mailing Address 597 S ANDREWS AVE 597 S ANDREWS AVE FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business /20 SOUTH VILLAGE WAY Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0972723 JUPITER, Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33458 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GOLDENBERG RICHARD EDEWAARD, C CRAIG Street Address (P.Q. Box Number is Not Acceptable) 597-S-ANDREWS AVE SOUTH WILLHES FT-LAUDERDALE-FL 33301 TUPITER 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. ノイナタセカ FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (10/00) ☐ Addition TITLE Delete TITI F EDEWAARD, C CRAIG NAME NAME 597 S ANDREWS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP ☐ Change TITLE Delete TITLE RICHARD M. GOLDENBURG NAME STREET ADDRESS STREET ADDRESS 120 SOUTH WILLAGE WAY CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL 33458 Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE

changed, or on an attachment with

AMMO, RICHARD M. COLDENSONE

with all other like empowered.

4/6/01

561-5752435

Daytime Phone #