

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90492 020 ***150.00

DOCUMENT # P00000018724

1. Entity Name

ANDINA ENTERPRISES, INC.

Principal Place of Business

**150 SE 25TH ROAD
 SUITE 12-D
 MIAMI FL 33129**

Mailing Address

**150 SE 25TH ROAD
 SUITE 12-D
 MIAMI FL 33129**

2. Principal Place of Business

547 MAJORCA AVE

3. Mailing Address

547 MAJORCA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

CORAL GABLES

Zip

33134

Country

USA

Zip

33134

Country

U.S.A.

4. FEI Number

65-1105514

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RESTREPO, DIEGO L
 150 SE 25TH ROAD
 SUITE 12-D
 MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name **Diego L. Restrepo**

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

547 MAJORCA AVENUE

City **CORAL GABLES**

FL

Zip Code **33134**

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 or officer, 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, 2002 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 **D** ☐ Delete
 NAME **TCHERASSI, SAMUEL D**
 STREET ADDRESS **CARRERA 51 NO. 79-82, STE. 02**
 CITY-ST-ZIP **BARRANQUILLA, COLOMBIA**

TITLE **D** ☐ Delete
 NAME **JANNA, DIANA M**
 STREET ADDRESS **CARRERA 51 NO. 79-82, STE. 02**
 CITY-ST-ZIP **BARRANQUILLA, COLOMBIA**

TITLE **S** ☐ Delete
 NAME **RESTREPO, DIEGO L**
 STREET ADDRESS **150 SE 25TH RD #12-D**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **547 MAJORCA AVENUE**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE ☐ Change ☐ Addition
 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 #

4-28-02 (305) 448-9430

CR2E034 (9/01)