

62-83

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY 23 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021928

1. Entity Name

ANDRE IMPORT & EXPORT CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10860 NW 52ND ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT # 1512

City & State

MIAMI, FL

City & State

Zip
33178Country
USA

Zip

Country

4. FEI Number 650987735

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name ANDRES OLAVARRI

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

10860 NW 52ND ST # 1512

City MIAMI

FL

Zip Code
33178**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature of person printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	ANDRES OLAVARRI	10860 NW 52 ST #1512,, MIAMI, FL	331178

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/03

205 216 4215

Daytime Phone #

CR2EC34B (1/02)

205 216 4215