

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000022549

1. Entity Name
ANDERSON'S SALES CORP.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90055 033 ***150.00

Principal Place of Business

P.O. BOX 720152
MIAMI F: 33172

Mailing Address

P.O. BOX 720152
MIAMI F: 33172

2. Principal Place of Business

9350 FOINTAIN BLUE BLVD

3. Mailing Address

P.O. BOX 720152

Suite, Apt. #, etc.

C-405

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FL 33172

4. FEI Number

65-0989917

Applied For

Not Applicable

Zip

33172

Country

DADE

Zip

33172

Country

DADE

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSON, WILBER
9350 FOINTAIN BLUE BLVD.
APT #C 405
MIAMI FL 33172

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **ANDERSON, NAHIROBIHT**
STREET ADDRESS **P.O. BOX 720152**
CITY-ST-ZIP **MIAMI F: 33172**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **MARIA V. HINESTROZA**
STREET ADDRESS **2910 SW 76 AV.**
CITY-ST-ZIP **MIA, FL 33155**

TITLE **PD** ☐ Delete
NAME **ANDERSON, WILBER**
STREET ADDRESS **P.O. BOX 720152**
CITY-ST-ZIP **MIAMI F: 33172**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 registered 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 #

Wilber Anderson (PRESIDENT)

4/9/01 (305) 401-9162

CR2E034 (10/00)