

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000037735

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: ANDES CONSTRUCTION GROUP, INC.

Current Principal Place of Business:

16091 BLATT BLVD SUITE 402
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

16091 BLATT BLVD SUITE 402
WESTON, FL 33326

New Mailing Address:

FEI Number: 65-1097235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ILAN
150 BONDVENTURE BLVD.
SUITE 111
WESTON, FL 33326 US

Name and Address of New Registered Agent:

COHEN, ILAN
16091 BLATT BLVD
SUITE 402
WESTON, FL 33326 US

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:

04/27/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, ILAN
Address: 16091 BLATT BOULEVARD, STE 402
City-St-Zip: WESTON, FL 33326

Title: V () Delete
Name: GOMEZ, FERNANDO
Address: 11215 NW 73RD TERRACE
City-St-Zip: MIAMI, FL 33178

Title: ST () Delete
Name: FURMAN, ABI
Address: 1431 BLUEJAY CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILAN COHEN

PD

04/27/2002

Electronic Signature of Signing Officer or Director

Date