

DOCUMENT # P00000050274

1. Entity Name
ANDRE'S STEAK HOUSE NORTH, INC.

Principal Place of Business
18767 TAMiami TRAIL SOUTH
SAN CARLOS PARK FL 33908

Mailing Address
18767 TAMiami TRAIL SOUTH
SAN CARLOS PARK FL 33908

2. Principal Place of Business
SAME

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

4. FEI Number 65-1010882

Applied For
Not Applicable

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

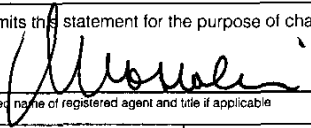
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTONI, ANDRE
18767 TAMiami TRAIL SOUTH
SAN CARLOS PARK FL 33908

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  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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	COTTONI, ANDRE	18767 TAMiami TRAIL SOUTH	SAN CARLOS PARK FL 33908	<input type="checkbox"/>
D	MUNK, TONY	18767 TAMiami TRAIL SOUTH	SAN CARLOS PARK FL 33908	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE 1/8/00 DAYTIME PHONE 941 643 6925

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

01-13-2001 90011 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)