

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90493 002 \*\*\*150.00

**DOCUMENT # P00000050962**

1. Entity Name  
**ANDREW PAUROWSKI, INC.**

Principal Place of Business  
**23200 CAMINO DEL MAR DRIVE #606**  
**BOCA RATON FL 33433**

Mailing Address  
**23200 CAMINO DEL MAR DRIVE #606**  
**BOCA RATON FL 33433**

2. Principal Place of Business  
**1514 S.E. 13TH STREET**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1514 S.E. 13TH STREET**  
 Suite, Apt. #, etc.

City & State  
**DEERFIELD Bch., FL**  
 Zip  
**33441**  
 Country  
**USA**

City & State  
**DEERFIELD Bch., FL**  
 Zip  
**33441**  
 Country  
**USA**

4. FEI Number **65-1015642**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**PAUROWSKI, ANDREW**  
**23200 CAMINO DEL MAR DRIVE #606**  
**BOCA RATON FL 33433**

## 7. Name and Address of New Registered Agent

Name  
**PAUROWSKI, ANDREW**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1514 S.E. 13TH STREET**  
 City  
**DEERFIELD Bch.** **FL** Zip Code  
**33441**

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.

**ANDREW PAUROWSKI**  
 (NOTE: Registered Agent signature required when reinstalling)

**4/9/02**  
 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 <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>PAUROWSKI, ANDREW</b>	
STREET ADDRESS <b>23200 CAMINO DEL MAR DRIVE #606</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PAUROWSKI, ANDREW</b>	
STREET ADDRESS <b>1514 S.E. 13TH STREET</b>	
CITY-ST-ZIP <b>DEERFIELD Bch., FL 33441</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**4/9/02**

Date

**954 553-1110**

Daytime Phone #

CR2E034 (9/01)