

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 05, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000059711**1. Entity Name
ANDA CONSUMER PRODUCTS, INC.Principal Place of Business
4001 SW 47TH AVE
FT LAUDERDALE FL 33314
Mailing Address
4001 SW 47TH AVE
FT LAUDERDALE FL 333142. Principal Place of Business
3040 UNIVERSAL BOULEVARD3. Mailing Address
4955 ORANGE DRIVESuite, Apt. #, etc.
SUITE 150

Suite, Apt. #, etc.

City & State
WESTON FLCity & State
DAVIE FLZip
33331 CountryZip
33314 Country4. FEI Number
65-1036227Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LODIN SCOTT
4001 SW 47TH AVE
FT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name
LODIN SCOTT
Street Address (P.O. Box Number is Not Acceptable)
4955 ORANGE DRIVE
City
DAVIE FL Zip Code
33314

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 **SCOTT LODIN**

04/05/2001

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MALAHIAS ANGELO C
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314TITLE D ☐ Delete
NAME LODIN SCOTT
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314TITLE D ☐ Delete
NAME COHEN ALAN P
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314TITLE D ☐ Delete
NAME CAMPANARO ANTHONY
STREET ADDRESS 4001 SW 47TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33314TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVT ☒ Change ☐ Addition
NAME MALAHIAS ANGELO C
STREET ADDRESS 4955 ORANGE DRIVE
CITY-ST-ZIP DAVIE FL 33314TITLE DVS ☒ Change ☐ Addition
NAME LODIN SCOTT
STREET ADDRESS 4955 ORANGE DRIVE
CITY-ST-ZIP DAVIE FL 33314TITLE P/D ☒ Change ☐ Addition
NAME COHEN ALAN P
STREET ADDRESS 4955 ORANGE DRIVE
CITY-ST-ZIP DAVIE FL 33314TITLE D/V ☒ Change ☐ Addition
NAME CAMPANARO ANTHONY
STREET ADDRESS 4955 ORANGE DRIVE
CITY-ST-ZIP DAVIE FL 33314TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: **Scott Lodin**

DVS

04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)