

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90653 017 \*\*\*150.00

**DOCUMENT # P00000065467**

1. Entity Name

AMER ANDES, INC.



Principal Place of Business

7236 NW 72 AVE  
MIAMI FL 33166

Mailing Address

7236 NW 72 AVE  
MIAMI FL 33166

2. Principal Place of Business

7234 NW 72 AVE.

3. Mailing Address

7234 NW 72 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

MIAMI - FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

65-1021647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

PENA, J. DAVID  
7236 N W 72 AVE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name **BLANCA RUIZ**

Street Address (P.O. Box Number is Not Acceptable)

7234 NW 72 AVE.

City

MIAMI

FL

Zip Code

33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Blanca Ruiz*

**BLANCA RUIZ, DIRECTOR**

*01/10/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Delete  
NAME **GUEVARA, ALVARO**  
STREET ADDRESS **16951 SW 34 ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33027**

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

TITLE **DS** ☐ Delete  
NAME **RUIZ, BLANCA**  
STREET ADDRESS **7236 NW 72 AVE**  
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **DS** ☒ Change ☐ Addition  
NAME **RUIZ, BLANCA**  
STREET ADDRESS **7234 NW 72 AVE.**  
CITY-ST-ZIP **MIAMI - FL. 33166**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Blanca Ruiz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0364

1/10/03

Date

(305) 887-0081

Daytime Phone #

CR2E034 (10/02)