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## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2001 8:00 am DOCUMENT # P00000066889 Secretary of State ANDINA TRADING CORP. 05-10-2001 90230 034 \*\*\*150.00 Principal Place of Business Mailing Address 9222 WEST ATLANTIC BLVD. 9222 WEST ATLANTIC BLVD. APT. 1314 APT, 1314 00050417 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1049903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELGADO, FERNANDO Street Address (P.O. Box Number is Not Acceptable) 9222 WEST ATLANTIC BLVD. APT. 1314 **CORAL SPRINGS FL 33071** Zip Code City 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 Fiorida Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. X Addition 🔀 Delete Change TITLE TITLE MYRIAM DELGADO LOPEZ, DIEGO NAME NAME 9222 WEST ATLANTIC BLVD APT 1314 CORAL SPRINGS, FI 33071 9222 WEST ATLANTIC BLVD. APT. 1314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL SPRINGS FL 33071 ☐ Delete TITLE Change ☐ Addition TITLE DELGADO, FERNANDO NAME NAME 9222 WEST ATLANTIC BLVD. APT. 1314 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 eath; 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.

CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MARKE OF SIGNING OFFICER OR DIRECTOR

FERNANDO DELGADO 04/18/200

Daytime Phone #