

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90496 005 ***150.00

DOCUMENT # P00000112455

1. Entity Name

ANDESAT S.A.E.M.A. CORP.

Principal Place of Business Mailing Address

13470 SW 62 STREET
 N 102
 MIAMI, FL 33183

C0069327

2. Principal Place of Business

5301 BLUE LAGOON DR
 Suite, Apt. #, etc.
 SUITE 470

3. Mailing Address

SAME AS 2

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-1068060

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

Country

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

DOMINGO ALONSO CPA
 301 ALMERIA AVE # 3
 CORAL GABLES, FL 33134

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

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
 NAME LUIS FERNANDO ESCOBAR URIBE
 STREET ADDRESS 13470 SW 62 ST # N 102
 CITY - ST - ZIP MIAMI, FL 33183

TITLE S ☐ Delete
 NAME MARIA DEL CARMEN VINUEZA OCHOA
 STREET ADDRESS 13470 SW 62 ST # N 102
 CITY - ST - ZIP MIAMI, FL 33183

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☒ Change ☐ Addition
 NAME LUIS HERNANDO ESCOBAR URIBE
 STREET ADDRESS 5301 BLUE LAGOON DR # 470
 CITY - ST - ZIP MIAMI, FL 33126

TITLE S ☒ Change ☐ Addition
 NAME MARIA DEL CARMEN VINUEZA OCHOA
 STREET ADDRESS 5301 BLUE LAGOON DR # 470
 CITY - ST - ZIP MIAMI, FL 33126

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

TITLE ☐ Change ☐ Addition
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 NAME
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 CITY - ST - ZIP

TITLE ☐ 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: *X Luis Fernando Escobar Uribe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

305-448-3898

Date

Daytime Phone #