

FILED
May 28, 2002 8:00 am
Secretary of State

05-01-2002 91523 045 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000116921**

1. Entity Name **Anderson Squared Prof. Sucs, Inc.**
18520 NW 67th Ave #113
Miami, FL 33015

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

9981 Miramar Pkwy

Suite, Apt. #, etc.

3. Mailing Address

18520 NW 67th Ave

Suite, Apt. #, etc.

#113

City & State

Miramar, FL

City & State

4. FEI Number

05-1063033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
CEO/President	James R. Anderson II	8197 NW 201 Terr.	Miami, FL 33015	N/A			
Secretary	James R. Anderson II	8197 NW 201 Terr.	Miami, FL 33015	N/A			
Treasurer	James R. Anderson II	8197 NW 201 Terr.	Miami, FL 33015	DO NOT WRITE IN THIS SPACE			
N/A							
N/A							
N/A							

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/02 **(954)437-6623**

Date

Daytime Phone #

CR2E034B (12/01)