

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90063 034 ***150.00

DOCUMENT # **P01 0000 25677**

1. Entity Name

ANDENES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18384 SW 100 STREET

Suite, Apt. #, etc.

3. Mailing Address

18999 BISCAYNE BLVD

Suite, Apt. #, etc.

205

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

AVENTURA FL

4. FEI Number

65-1084675

Applied For

Not Applicable

Zip

33196

Country

Zip

33180

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

XIONG, SHU YAN

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

18384 SW 100 STREET

City

MIAMI

FL

Zip Code

33196

**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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] 4/20

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 \$61.25

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

PD
XIONG, SHU YAN
11067 SW 152 COURT
MIAMI, FL 33196

VD
SALCEDO, CARLOS A
11067 SW 152 COURT
MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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IN THIS SPACE**

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] 4/20/02

CR2E034B (12/01)