

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P01000039279**

1. Entity Name  
**ANDI STEEL & ALUMINIUM, INC.**



Principal Place of Business  
 3140 PEMBROKE RD, #626  
 PEMBROKE PINES, FL 33009

Mailing Address  
 3140 PEMBROKE RD, #626  
 PEMBROKE PINES, FL 33009

**11041680**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**5923 RAYENSWOOD RD. #G14**  
 Suite, Apt. #, etc.

3. Mailing Address  
**901 NE 14th AVE.**  
 Suite, Apt. #, etc.  
**APT 408**

City & State  
**DANIA, FL**

City & State  
**HALLANDALE, FL**

4. FEI Number  
**65-1105765**

Applied For  
 Not Applicable

Zip  
**33312**

Country  
**USA**

Zip  
**33009**

Country  
**USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDREI, CORNEL M**  
 3140 PEMBROKE RD, #626  
 PEMBROKE PINES, FL 33009

7. Name and Address of New Registered Agent

Name  
**ANDREI CORNEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**901 NE 14th AVE. # 408**  
 City  
**HALLANDALE** FL Zip Code  
**33009**

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 *x E. And*

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

(NOTE: Registered Agent's signature required when reinstating)

04/30/03  
 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  Delete  
 NAME **D**  
 NAME **ANDREI, CORNEL M**  
 STREET ADDRESS **3140 PEMBROKE RD, #626**  
 CITY-ST-ZIP **PEMBROKE PINES, FL 33009**

TITLE  Change  Addition  
 NAME **D**  
 NAME **ANDREI, CORNEL M**  
 STREET ADDRESS **901 NE 14th AVE. #408**  
 CITY-ST-ZIP **HALLANDALE, FL 33009**

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  
 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  
 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: *x E. And*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03

Date

954-48-7249

Daytime Phone #

CFR2E034 (10/02)