

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90102 028 \*\*\*150.00

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

DOCUMENT # P01000054778  
1. Entity Name  
AndySign, Co.

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B0050423

|  |  |   |  |
|--|--|---|--|
| 2. Principal Place of Business<br>401 Golden Isles Dr.<br>Suite, Apt. #, etc.<br>Apt 501<br>City & State<br>Hallandale, FL<br>Zip<br>33009 |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip<br>Country |  |
|--|--|---|--|

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>34-0898643  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|                                   |   |                      |
|-----------------------------------|---|----------------------|
| <b>DO NOT WRITE IN THIS SPACE</b> | 7. Name and Address of Current Registered Agent                               |                      |
|                                   | Name<br>Ruben Martin  |                      |
|                                   | Street Address (P.O. Box Number is Not Acceptable)<br>401 Golden Isles Dr 501 |                      |
|                                   | City<br>Hallandale  | FL Zip Code<br>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.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and filed if applicable) (NOTE: Registered Agent Signature required when substituting) DATE \_\_\_\_\_

|   |  |   |
|---|--|---|
| 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00<br>After May 1, Fee is \$550.00<br>Amended UBR is \$61.25<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|

| 11. OFFICERS AND DIRECTORS |           |                |                         |
|----------------------------|-----------|----------------|-------------------------|
| TITLE                      | NAME      | STREET ADDRESS | CITY - ST - ZIP         |
|                            | President | Ruben Martin   | 401 Golden Isles Dr 501 |
|                            |           |                | Hallandale, FL 33009    |
|                            |           |                |                         |
|                            |           |                |                         |
|                            |           |                |                         |
|                            |           |                |                         |
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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 certifications.

SIGNATURE: \_\_\_\_\_ (Signature typed or printed name of signing officer or director) Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034B (12/01)