FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90172 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000078800

1. Entity Name
VINCENT PAUL ANDREANO, P.A.

11009651

Principal Place of Business	Mailing Address
2560 CAMELOT CT. COOPER CITY, FL 33026	5722 S FLAMINGO RD #153 FORT LAUDERDALE, FL 33330

2. Principal Place of Business	3. Mailing Address
200 SE 6th STREET	200 SE 6th STREET
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100
City & State Ft Laud. FL	City & State Ft. Laud. FL
Zip 33301 Country USA	Zip 33301 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1128753 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREANO, VINCENT PAUL
2560 CAMELOT CT.
COOPER CITY, FL 33026

7. Name and Address of New Registered Agent

Name VINCENT PAUL ANDREANO
Street Address (P.O. Box Number is Not Acceptable) 200 SE 6th STREET #100
c/o D'ANGELO & MOLLE, P.A.
City Ft Laud. FL Zip Code 33301

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 [signature] VINCENT PAUL ANDREANO, Pres. 2/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	D ANDREANO, VINCENT PAUL 2560 CAMELOT CT. COOPER CITY, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREANO, VINCENT Paul 200 SE 6th STREET, #100 Ft. Laud. FL 33301	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: [signature] VINCENT PAUL ANDREANO, Pres 2/18/03 9545227575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #