

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90023 026 ***150.00

DOCUMENT # P01000080521

1. Entity Name
ANDRADE & ANDRADE ENTERPRISE, INC.

Principal Place of Business

**908 SALCEDO ST #2
 CORAL GABLES FL 33134**

Mailing Address

**908 SALCEDO ST #2
 CORAL GABLES FL 33134**

2. Principal Place of Business

7544 NW 70 Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33166

Country

U.S.A

Zip

Country

4. FEI Number

651130152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

ANDRADE, FERNANDO

908 SALCEDO ST #2

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

FAUSTO J. ANDRADE

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

7544 NW 70 STREET

City **MIAMI**

FL

Zip Code **33166**

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

FAUSTO J. ANDRADE - PRESIDENT

07-02-02

(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) ☐

**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ANDRADE, FERNANDO | |
| STREET ADDRESS | 908 SALCEDO ST #2 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | ANDRADE, FAUSTO | |
| STREET ADDRESS | 908 SALCEDO ST #2 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FAUSTO J. ANDRADE | |
| STREET ADDRESS | 908 SALCEDO ST #2 | |
| CITY-ST-ZIP | CORAL GABLES, FL. 33134 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED FAUSTO J. ANDRADE 07-02-02 305-884-3555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Andrade & Andrade Enterprise, Inc.

7544 N.W. 70th Street,

Miami, Fl. 33166

Ph: 305-884-3555 - Fax 305-884-7888

e.mail: aaentincparts@aol.com

Miami, July 1, 2002

Attachment

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

*# PO/000080521
119924*

Dear Sirs:

With much surprise we received the UBR for 2002 for late payment by September 2002. Upon calling your offices for information, since we had not received any notice whatsoever regarding this payment which was supposedly due by early May, I was informed that we should have received it by February which we never got.

I explained our case to one of your representatives, therefore we are submitting this letter in order for you to be so kind as to review the information you have on our corporation because as already explained we did not receive any notice.

Hoping that you will understand our case and with the commitment to be always on time with our dues,
We remain,

Your sincerely,


FAUSTO J. ANDRADE
PRESIDENT