

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90646 050 ***150.00

DOCUMENT # P02000074934

1. Entity Name
ANDINA CRAFTS, INC.



Principal Place of Business
**3016 PARKWAY BLVD., #201
KISSIMMEE FL 34747**

Mailing Address
**3016 PARKWAY BLVD., #201
KISSIMMEE FL 34747**

2. Principal Place of Business

8824 villa view circle

3. Mailing Address

← SAME

Suite, Apt. #, etc.

306

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

4. FEI Number

54-2067057

Applied For

Not Applicable

Zip

32821

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONSECA, MARIA A
3016 PARKWAY BLVD., #201
KISSIMMEE FL 34747**

Name

MARIA A. FONSECA

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

8824 villa view circle

306

City

ORLANDO

FL

Zip Code

32821

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 obligation of registered agent.

SIGNATURE

Maria A. Fonseca W.

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 ☐ Delete
NAME **D**
STREET ADDRESS **FONSECA, MARIA A**
CITY-ST-ZIP **3016 PARKWAY BLVD., #201
KISSIMMEE FL 34747**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8824 villa view circle, # 306.**
CITY-ST-ZIP **Orlando FL 32821**

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
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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:

Maria A. Fonseca W.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

Daytime Phone #

CR2034 (1/02)

ATTACHMENT

70042551

P02000074934

Maria A. Fonseca
8824 Villa View Circle #306
Orlando, FL 32821

April 10, 2003

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Subject : **ANDINA CRAFTS, INC.**

Reference Number : **P02000074934**

I have received a copy of my report to make correction.

Attach I am sending the fee to file the enclosed profit annual report/uniform business report for \$150.00 (check #134, Bank of America) make payable to Florida Department of State.

I hope that every things are correct to file now.

Thanks,


MARIA A. FONSECA