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

## **DOCUMENT #**

P02000104393

1. Entity Name

ANDREWS PLAZA INC



**FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90122 038 \*\*\*150.00

Principal Place of Business 1840 NW 93 TERRACE CORAL SPRINGS FL 33065		Mailing Address 1840 NW 93 TERRACE CORAL SPRINGS FL 33065						
		CORAL STI	111103 FL 33003			E TO A TO BE THE CONTROL OF THE PORT OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE	[]	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.				— ☐ CHECK HERE IF MAKING CHANGES		
City & State		City & Sta	City & State			FEI Number 387429/ Not Applied For Not Applied		
Zip	Country	Zip		Country	5.	Not Applica  Secretificate of Status Desired Secretary	ble	
6. Name and Address of Current Registered Agent					7.	. Name and Address of New Registered Agent		
and the second s				Name	يد خوند د	The state of the s	$\dashv$	
D'ARMETTA, ANTONINO				Street Addr	ross (PA	Box Number is Not Acceptable)	_	
1840 NW 93 TERRACE				Gircet Addi	ess (r.O.	. Box Number is Not Acceptable)		
CORAL S	SPRINGS FL 33065						$\neg$	
				City		<b>C</b> I Zip Code	$\dashv$	
8 The above	a named entity submits this statemen	ot for the purpose of				ſſ <u>Ŀ</u> ¦		
the obliga	tions of registered agent.	it for the purpose of	changing its re	gistered office or reg	gistered a	agent, or both, in the State of Florida. I am familiar with, and accel	pt	
COLUTION								
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: R	legistered Agent signature re	equired when	n reinstating) DATE	- }	
	FILE NOW!!! FEE IS \$150.00							
Afte	r May 1, 2003 Fee will be \$550.		, ,			9. Election Campaign Financing \$5.00 May Be	.	
Make Check	k Payable to Florida Departmen	t of State				Trust Fund Contribution. Added to Fees		
10.		ND DIRECTORS		11.	Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$	
TITLE	P ANTONIO		] Delete	TITLE		☐ Change ☐ Additi	on 8	
NAME STREET ADDRESS	D'ARMETTA, ANTONINO 1840 NW 93 TERRACE		•	NAME			Š	
CITY-ST-ZIP	CORAL SPRINGS FL 33065			STREET ADDRESS			3	
TITLE	COLATE OLITINGO LE 20000			CITY-ST-ZIP			ou gover	
NAME		L	] Delete	TITLE NAME		☐ Change ☐ Additi	on E	
STREET ADDRESS	i			STREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
TITLE			Delete	TITLE		Change	 n	
NAME	•		-	NAME		Triumings Triumings Triumings	** }	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS				
	<u>"</u>	<del> </del>		CITY-ST-ZIP		P-1		
TITLE		Г	Doloto	7171.5				

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.

NAME

NAME

NAME

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: 4

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

Date

Daytime Phone #

☐ Change

☐ Change

☐ Addition

Addition