

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038338

1. Entity Name

ANDREW SMITH, INC.

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90152 045 \*\*\*150.00

Principal Place of Business	Mailing Address
1855 GRIFFIN ROAD #A470 DANIA FL 33004	1855 GRIFFIN ROAD #A470 DANIA FL 33004-2241

2. Principal Place of Business	3. Mailing Address
1855 Griffin Road	1855 Griffin Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite B328	Suite B328
City & State	City & State
Dania, FL	Dania, FL
Zip	Country
33004	USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0425463	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDREW SMITH, INC. DBA HAYPR 1855 GRIFFIN ROAD BOX 64 DANIA FL 33004	Name ANDREW SMITH, INC. Street Address (P.O. Box Number is Not Acceptable) 1855 GRIFFIN ROAD SUITE B328 City DANIA BEACH FL Zip Code 33004

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] DATE 1/21/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ANDREW	NAME	
STREET ADDRESS	1855 GRIFFIN ROAD, #470	STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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] **SIGNATURE REQUIRED** 1/21/00 964-923-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #