

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90167 013 \*\*\*150.00

**DOCUMENT # P94000007619**

1. Entity Name

**MARTIN ANDER INC.**

Principal Place of Business

Mailing Address

**6020 NORTH FEDERAL HIGHWAY #4  
 BOCA RATON FL 33487**

**6020 NORTH FEDERAL HIGHWAY #4  
 BOCA RATON FL 33487-3926**

2. Principal Place of Business

3. Mailing Address

**503 1ST AVE SOUTH  
 Suite, Apt. #, etc.**

**503 1ST AVE SOUTH  
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

City & State

**LAKEWORTH FL**

**LAKEWORTH FL**

4. FEI Number

**65-0464406**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33460**

**PALM BEACH**

**33460**

**PALM BEACH**

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

**ANDER, MARTIN  
 6020 N FEDERAL HWY  
 #4  
 BOCA RATON FL 33487**

Name **MARTIN ANDER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**503 1ST AVE SOUTH**  
 City **LAKEWORTH FL** Zip Code **33460**

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 *Martin And* **MARTIN ANDER PRESIDENT** April 7 2000  
Signature, typed or printed name of registered agent and title if applicable (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 \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANDER, MARTIN</b> <b>6020 N FEDERAL HWY #4</b> <b>BOCA RATON FL 33487</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTIN ANDER</b> <b>503 1ST AVE SOUTH</b> <b>LAKEWORTH FL 33460</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Martin And* **MARTIN ANDER PRESIDENT** April 7 2000 (561) 995-8667  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)