

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90001 003 ***150.00

DOCUMENT # P 94000080620 ✓

1. Entity Name
 ANDREA INTL. of WPB

Principal Place of Business
 2359 Oak Tree Lane
 West Palm Beach FL
 33409

Mailing Address
 20726 NW 29 Av.
 Boca Raton FL
 33434

2. Principal Place of Business
 2359 Oak Tree Lane
 Suite, Apt. #, etc.

3. Mailing Address
 20726 NW 29 Av.
 Suite, Apt. #, etc.

City & State
 West Palm Beach

City & State
 Boca Raton

Zip
 33434

Country
 P. B.

Zip
 FL 33434

Country
 Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0707456

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Louis D. Zaretski
 555 North East 15 St.
 Suite 100, Miami 33132

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 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	
TITLE	DPST	TITLE	
NAME	Canivell, Maria O.	NAME	
STREET ADDRESS	20726 NW 29 Av.	STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33434	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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: Ma. Odette Canivell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/12/00 **Daytime Phone #** 561-2189646

CR2E034 (9/99)