FILED

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2002 UNIFORM BUSINESS REPORT (UBR)

P95000034826

DOCUMENT # 1. Entity Name

ANDY MICHAEL BRANDI MARKETING GROUP, INC.

Principal Place of Business

Mailing Address

1201 SE 11TH DEERFIELD BI	H AVE EACH FL 33441		1201 SE 11TH AVE DEERFIELD BEACH FL 33441										
2. Principal Place of Business			3. Mailing Address					IER IBERT BILLI BREI	46 1 40	IEO (IIII BIODI			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State			City & State			4. F	4. FEI Number 65-0577014			Applied For Not Applicable			
Zip	Country		Zip Count		у	5. Certificate of Status Desired			d 🗆	\$8.75 Additional Fee Required			
	6. Name and	Address of Current Re	gistered Agent			7. N	Name and A	ddress of Nev	v Registere	d Agent		-	
			<u> </u>		Name			•					
DINH, THINK 1201 SE 11TH AVE			Street Addres			Idress (P.O. B	ss (P.O. Box Number is Not Acceptable)						
UEERFIEL	LD BEACH FL 33	3441											
					City				F	L Zip	Code		
8. The above	named entity sub	mits this statement for th	ne purpose of changing its	registere	d office or	registered ag	ent, or both,	in the State of	Florida.				
CIGNATURE													
SIGNATURE	Signature, typed or print	ed name of registered agent and	title if applicable. (NOTE	: Registered	Agent signatur	re required when re	ainstating)		DATI		-		
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, 2002 Fee will be \$550.00 Make Check Payable to Department of S			**	1	ion Campaign Fund Contribu	_	\$	5.00	May Be	
(See criter	ria on back)				partment		Trust	rana Contribe	ition,	<u> </u>	uea	10 1 553	
	ria on back)		Make Check Payab	le to De	partment	of State							
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13. I hereby certify that the information supplied with this filling 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 tristee 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 appowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

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Daytime Phone #