

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000026344

1. Entity Name

ANDI FINANCIAL CORPORATION

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90079 004 ***150.00

Principal Place of Business

Mailing Address

~~8803 NW 50TH ST~~
~~MIAMI FL 33166~~

~~8803 NW 50TH ST~~
~~MIAMI FL 33166~~

640003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7215 NW 41ST.

7215 NW 41ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33166

DADE

33166

DADE

4. FEI Number

65-0741772

Applied For

Not Applicable

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

CALERO, DIEGO A

~~8803 NW 50TH ST~~
~~MIAMI FL 33166~~

Name

Street Address (P.O. Box Number is Not Acceptable)

7215 NW 41ST.

SUITE A

City

MIAMI, FL.

FL

Zip Code

33166

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	VP	<input type="checkbox"/> Delete
NAME	SABOGAL, MARIA C	
STREET ADDRESS	8803 NW 50TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	P	<input type="checkbox"/> Delete
NAME	CALERO, DIEGO	
STREET ADDRESS	8803 NW 50 STREET	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARCIA, JAIME	
STREET ADDRESS	717 S.W. 98TH PLACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7215 NW 41ST. SUITE A.	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7215 NW 41ST. SUITE A.	
STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (9/99)