

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000044123

1. Entity Name

ANDEVEN, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90047 031 ***150.00

Principal Place of Business

4222 RIVERHILLS DRIVE
TAMPA FL 33617

Mailing Address

4222 RIVERHILLS DRIVE
TAMPA FL 33617-7440

2. Principal Place of Business

1539 S. Parsons Ave

3. Mailing Address

1539 S. Parsons Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seffner FL

City & State

Seffner FL

4. FEI Number

59-3381033

Applied For

Not Applicable

Zip

33584

Country

Hillsborough

Zip

33584

Country

Hillsborough

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

UZCATEGUI, MARCO A.
4222 RIVERHILLS DRIVE
TAMPA FL 33617

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

Marco A. Uzcategui

(NOTE: Registered Agent signature required when reinstating)

04-07-00

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

TITLE PD
NAME UZCATEGUI, MARCO A
STREET ADDRESS 4222 RIVERHILLS DRIVE
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE VSTD
NAME RUJANO, JOSE R
STREET ADDRESS 4222 RIVERHILLS DRIVE
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME UZCATEGUI MARCO A
STREET ADDRESS 1539 S. PARSONS AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE VSTD ☒ Change ☐ Addition
NAME RUJANO JOSE R.
STREET ADDRESS 1539 S. PARSONS AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Marco A. Uzcategui

Date

Daytime Phone #

CR2E034 (9/99)