

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90155 006 ***150.00

DOCUMENT # P97000018180

1. Entity Name

ANDREU INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business

**1390 S DIXIE HWY
 SUITE 1308
 CORAL GABLES FL 33146-2927**

Mailing Address

**1390 S DIXIE HWY
 SUITE 1308
 CORAL GABLES FL 33146-2927**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

848 BRICKELL AVE

3. Mailing Address

848 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 610

SUITE 610

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Zip

33131

33131

Country

Country

USA

USA

4. FEI Number

65-0733579

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDREU, ALDO
 1390 S DIXIE HWY
 SUITE 1308
 CORAL GABLES FL 33146-2927**

7. Name and Address of New Registered Agent

Name **ANDREU, ALDO**

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

848 BRICKELL AVE SUITE 610

City **MIAMI, FL**

FL

Zip Code **33131**

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 **ALDO ANDREU**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREU, ALDO I 1390 S DIXIE HWY STE 1308 CORAL GABLES FL 33146-2927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDREU, ALDO I 848 BRICKELL AVE SUITE 610 MIAMI, FL, 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: **ALDO ANDREU**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

305 374 7540

Daytime Phone #

CR2E034 (9/01)