

# 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

Country

Zip

Country

**33131**

**USA**

**33131**

**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** 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ANDREU, ALDO I	848 BRICKELL AVE SUITE 610	MIAMI, FL, 33131	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)