

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0040283 AV

DOCUMENT # P97000018180

1. Entity Name
ANDREU INTERNATIONAL DISTRIBUTORS, INC.



FILED
03 DEC 26 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~848 BRICKELL AVE~~
~~SUITE 610~~
~~MIAMI FL 33131~~

Mailing Address

~~848 BRICKELL AVE~~
~~SUITE 610~~
~~MIAMI FL 33131~~

2. Principal Place of Business

P.O. Box 565925
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 565925
Suite, Apt. #, etc.

REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

City & State

Miami Florida

City & State

Miami Florida

4. FEI Number

65-0733579

Applied For

Not Applicable

Zip

33256-5925

Country

USA

Zip

33256-5925

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREU, ALDO
848 BRICKELL AVE STE 610
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ANDREU, ALDO I

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12/18/03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ANDREU, ALDO I
STREET ADDRESS 848 BRICKELL AVE STE 610
CITY-ST-ZIP MIAMI FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ANDREU, ALDO I
STREET ADDRESS PO Box 565925
CITY-ST-ZIP Miami, FL 33256-5925

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/03

Date

Daytime Phone #

CR2E034 (4/03)

ANDREU INTERNATIONAL DISTRIBUTORS, INC.
P.O. BOX 565925
MIAMI, FLORIDA 33256-5925
(305) 374-7540

Annual Reports Filings
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: 2003 Annual Report
Andreu International Distributors, Inc.
DOC#: P97000018180

To Whom It May Concern:

It was just brought to my attention that the attached Annual Report for the year 2003 was not filed for the above mentioned corporation.

I never received the original report from your office.
Please notice there was a change of address.

Enclosed please find check for \$ 150.00 and I will greatly appreciate if the late filing fee is abated.

Please update my records and do not dissolve my corporation.

Thank you in advance for your prompt attention to this matter and let me know if you need additional information.

Sincerely yours,



Aldo Andreu, President
Andreu International Distributors, Inc.

December 17, 2003