

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 91114 006 ***150.00

DOCUMENT # P97000024618

1. Entity Name

ANDER POLICE SUPPLY, INC.

Principal Place of Business

**1950 NW 88TH CT
MIAMI FL 33122**

Mailing Address

**1950 NW 88TH CT
MIAMI FL 33122**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33172

Country

Zip

33172

Country

4. FEI Number

65-0744000

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

**GARCIA, CARLOS ESQ.
265 SEVILLA AVE.
CORAL GABLES FL 33134**

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

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, 2001 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 **PDS** ☐ Delete
NAME **DIELINGEN, ANDRES**
STREET ADDRESS **3540 N.W. 72 AVE.**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **1950 NW 88 CT**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **VPT** ☐ Delete
NAME **DIELINGEN, MARIANELLA**
STREET ADDRESS **3540 NW 72 AVE**
CITY-ST-ZIP **MIAMI FL 33122**

TITLE ☒ Change ☐ Addition
NAME **Director**
STREET ADDRESS **1950 NW 88 CT**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VICE-PRES**
STREET ADDRESS **MERCEDES DELGADO**
CITY-ST-ZIP **3507 OAKS WAY BLDG 114 #802**
POMPANO BEACH, FL 33069

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01 (305) 599-8878

Date

Daytime Phone #

CR2E034 (10/00)