2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90016 048 ***150.00

DOCUMENT # P97000062069

1. Entity Name
ANDREA J. ACERRA PROPERTIES, INC.

Principal Place of Business	Mailing Address
222 MAPLE AVE. PALM HARBOR FL 34684	222 MAPLE AVE. PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1730 S. Pinellas Ave	Same
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.
City & State: Tarpon Springs, FL	City & State
Zip: 34689 Country: USA	Zip Country

4. FEI Number 59-3456311 ☐ 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
ACERRA, ANDREA J ~~222 MAPLE AVE.~~ 4305 TIBURON DR ~~PALM HARBOR FL 34684~~ NEW PORT RICHEY, FL 34655	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] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 2/27/2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ACERRA, ANDREA J 222 MAPLE AVE. PALM HARBOR FL 34684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ANDREA ACERRA-KOPP 4305 TIBURON DR NEW PORT RICHEY, FL 34655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2/27/2001 Date Daytime Phone #