

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035534

1. Entity Name

ANDREWS BUSINESS CENTER, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90139 029 ***150.00

Principal Place of Business

Mailing Address

250 N ANDREWS
110 NE 3 STREET
FORT LAUDERDALE FL 33301

90 ISLE OF VENICE
OFFICE UNIT 4A
FORT LAUDERDALE FL 33301-4036

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0839247**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ZOELLIN, ULRICH
90 ISLE OF VENICE
OFFICE UNIT 4A
FORT LAUDERDALE FL 33301

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, 2000 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	DP	<input type="checkbox"/> Delete
NAME	ARNOLD, JOHANN	
STREET ADDRESS	90 ISLE OF VENICE, OFFICE UNIT 4A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MUELLER, HENDRICK	
STREET ADDRESS	90 ISLE OF VENICE, OFFICE UNIT 4A	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

01.07.2000 (954) 763-5501

CR2E034 (9/99)