

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90280 003 ***150.00

DOCUMENT # P98000036270



1. Entity Name
ANDREWS SQUARE ASSOCIATES, INC.

Principal Place of Business
150 S ANDREWS AVE. STE 201
POMPANO BEACH FL 33069

Mailing Address
150 S ANDREWS AVE. STE 201
POMPANO BEACH FL 33069

11018848



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0831520

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNGER, JASON L
301 SOUTH BRONOUGH STREET
#600
TALLAHASSEE FL 32301

Name *Pamela Middlebrooks*
Street Address (P.O. Box Number is Not Acceptable)
150 SW 12th Ave
Ste 201
City *Pompano Beach* FL Zip Code *33069*

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 *Pamela Middlebrooks*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4-17-03*

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **BERNSTEIN, ROBERT**
STREET ADDRESS **150 S. ANDREWS AVE. #200**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☒ Addition
NAME *Pamela Middlebrooks, VP*
STREET ADDRESS *150 SW 12th Ave*
CITY-ST-ZIP *Pompano Beach, FL 33069*

TITLE **VTD** ☐ Delete
NAME **BEERE, JOHN**
STREET ADDRESS **150 S. ANDREWS AVE. # 200**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **VD** ☒ Delete
NAME **BERNSTEIN, STUART**
STREET ADDRESS **150 S. ANDREWS AVE. # 200**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *JOHN BEERE*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *4-17-03*

DAYTIME PHONE # *954-785-5530*

DATE DAYTIME PHONE #

CR2E034 (10/02)