

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90038 038 ***150.00

DOCUMENT # P98000074679

1. Entity Name

ANDRE PRO HARDWARE, INC.

Principal Place of Business

Mailing Address

33 N. STATE ROAD 7
 BOX 576
 HOLLYWOOD FL 33021

33 N. STATE ROAD 7
 BOX 576
 HOLLYWOOD FL 33021

2. Principal Place of Business

10211 SW 23rd ct.

3. Mailing Address

10211 SW 23rd ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FLORIDA

City & State

MIRAMAR FLORIDA

Zip

33025

Country

USA

Zip

33025

Country

USA

4. FEI Number

65-0859930

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MELANCON, ANDRE
 3300 N. STATE ROAD 7
 BOX 576
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name MELANCON, ANDRE

Street Address (P.O. Box Number is Not Acceptable)

10211 SW 23rd ct.

City

MIRAMAR

FL

Zip Code

33025

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)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MELANCON, ANDRE	
STREET ADDRESS	3300 N. STATE ROAD 7, BOX 576	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
NAME	MELANCON, ANDRE	
STREET ADDRESS	10211 SW 23rd ct.	
CITY-ST-ZIP	MIRAMAR FL. 33025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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, 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

Date

Daytime Phone #

954-704-2150