

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90135 015 ***150.00

DOCUMENT # P99000000353

1. Entity Name
ANDES FENCE, INC.



Principal Place of Business

100 LAKEVIEW DRIVE
#116
WESTON FL 33326

Mailing Address

100 LAKEVIEW DRIVE
#116
WESTON FL 33326

2. Principal Place of Business

541 S.W. 135 Terrace

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33325

Country

USA

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33325

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0885665

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARENA, DANIEL J
100 LAKEVIEW DRIVE #116
WESTON FL 33326

7. Name and Address of New Registered Agent

Name **OSCAR R. Arena**

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

541 SW 135 Terrace

City

DAVIE

FL

Zip Code

33325

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 **X** *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ARENA, DANIEL J	
STREET ADDRESS	100 LAKEVIEW DRIVE #116	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VM	<input type="checkbox"/> Delete
NAME	ARENA, OSCAR R	
STREET ADDRESS	100 LAKEVIEW DR #116	
CITY-ST-ZIP	WESTON FL 33326	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARENA, OSCAR R	
STREET ADDRESS	541 SW 135th. Terrace	
CITY-ST-ZIP	DAVIE, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **X** *[Signature]* **FE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-03 (954) 472-2656

Date

Daytime Phone #

CR2E034 (10/02)