

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State
03-24-2000 90066 013 ***150.00

DOCUMENT # P99000000817

Entity Name
LUANDREWS, INC.

Principal Place of Business
666 SW 9 PLACE
DAVIE FL 3325

Mailing Address
12666 SW 9 PLACE
DAVIE FL 33325-5590

Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0885620

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ALORRO, ANDREW
12666 SW 9 PLACE
DAVIE FL 3325

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME	TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME		NAME		
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		
NAME	TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME		NAME		
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		
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CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		
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STREET ADDRESS	NAME		NAME		
CITY-ST-ZIP	STREET ADDRESS		STREET ADDRESS		
	CITY-ST-ZIP		CITY-ST-ZIP		

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: *Andrew Alorro* 3-19-2000 9545661382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)