

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90007 046 \*\*\*150.00

0088369 AV

**DOCUMENT # P99000000817**

1. Entity Name  
**LUANDREWS, INC.**

Principal Place of Business  
**12666 SW 9 PLACE**  
**DAVIE FL 3325**

Mailing Address  
**12666 SW 9 PLACE**  
**DAVIE FL 3325**

2. Principal Place of Business  
**1801 SE 24 AVE**

3. Mailing Address  
**1801 SE 24 AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT. LAUD FL**

City & State  
**FT. LAUD FL**

4. FEI Number  
**65-0885020**

Applied For  
☐ Not Applicable

Zip  
**33316**

Country

Zip  
**33316**

Country

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

**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  
**ANDREW ALORRO**

Street Address (P.O. Box Number is Not Acceptable)  
**1801 SE 24 AVE**

City  
**FT. LAUD**

FL

Zip  
**33316**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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  
**P**  
 NAME  
**ADORRO, ANDREW**  
 STREET ADDRESS  
**12666 SW 9 PL**  
 CITY-ST-ZIP  
**DAVIE FL 33325**

☐ Delete

TITLE  
**T**  
 NAME  
**ALORRO, LUANN**  
 STREET ADDRESS  
**12666 SW 9 PL**  
 CITY-ST-ZIP  
**DAVIE FL 33325**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1801 SE 24 AVE**  
**FT. LAUD FL 33316**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**1801 SE 24 AVE**  
**FT. LAUD FL 33316**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

CR2E034 (5/01)

Attachment

Doc # P99000000817

C0073605

TO WHOM IT MAY CONCERN.  
DUE TO CHANGE OF ADDRESS  
DID NOT RECEIVE UBR  
I HAVE BEEN IN BUSINESS  
ONLY A LITTLE OVER 1 YEAR.

PLEASE WAIVE LATG FEE  
THANK YOU Andrew Alu