

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90126 041 ***150.00

DOCUMENT # P99000017468

1. Entity Name
ANDREW THRIFT STORE INC.

Principal Place of Business
**2919 E. COMMERCIAL BLVD. STE A
 FT. LAUDERDALE FL 33308**

Mailing Address
**2919 E. COMMERCIAL BLVD. STE A
 FT. LAUDERDALE FL 33308-4207**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2800 E. Commercial Blvd

3. Mailing Address
2800 E. Commercial Blvd

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.
208

City & State
FT. LAUDERDALE, FL

City & State
FT. LAUDERDALE FL

4. FEI Number
65-0900760

Applied For
 Not Applicable

Zip
33308

Country

Zip
33308

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN H. KATZ, PA
 2919 E. COMMERCIAL BLVD. STE A
 FT. LAUDERDALE FL 33308**

Name
 Street Address (P.O. Box Number is Not Acceptable)
2800 E. Commercial Blvd
208
 City
FT. LAUDERDALE **FL** Zip Code
33308

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
D DOROTHY Cleve 1404 S.W. 12 AVE POMPANO BEACH, FL 33069	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Andrew Thrift Store** **Dorothy Cleve** **April 10 - 2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)