

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 07, 2000 8:00 am**  
**Secretary of State**

07-07-2000 90406 030 \*\*\*150.00

**DOCUMENT # P99000032649**

1. Entity Name  
**ANDREW EQUITIES III, INC.**

Principal Place of Business: **12000 BISCAYNE BLVD. STE. 803 MIAMI FL 33181**  
 Mailing Address: **12000 BISCAYNE BLVD. STE. 803 MIAMI FL 33181-2727**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: \_\_\_\_\_ City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **65-0922331** 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:  
**BEFELER, GEORGE**  
**701 BRICKELL AVE. STE. 2000**  
**MIAMI FL 33131**

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

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: \_\_\_\_\_ (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.  **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	<b>D</b> <b>TAYLOR, HARVEY</b> <b>12000 BISCAYNE BLVD. STE. 803</b> <b>MIAMI FL 33181</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Harvey S. Taylor** **REQUIRED** 1/10/00 305/892-6800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/97)