

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037356

1. Entity Name

ANDEXLER ENTERPRISES, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90235 035 ***150.00

Principal Place of Business

800 S.W. 4TH COURT
FT LAUDERDALE FL 33312

Mailing Address

800 S.W. 4TH COURT
FT LAUDERDALE FL 33312-2530

2. Principal Place of Business

800 SW 4th COURT

Suite, Apt. #, etc.

3. Mailing Address

800 SW 4th Court

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

City & State

FT LAUDERDALE FL

4. FEI Number

65-0916198

Applied For

Not Applicable

Zip

33312

Country

USA

Zip

33312

Country

USA

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

X
ANDEZLER, DAVID ANDEXLER
800 S.W. 4TH COURT
FT LAUDERDALE FL 33312

Name

800 SW 4th Court DAVE ANDEXLER

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

800 SW 4th Court

City

FT LAUDERDALE

FL

Zip Code

33312

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 \$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	DAVID R ANDEXLER	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID R ANDEXLER	
STREET ADDRESS	800 SW 4th COURT	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 (9/99)