

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90121 015 ***750.00

DOCUMENT # P99000049481

1. Entity Name
ANDEAN ARTS & CRAFTS, INC.

Principal Place of Business

4190 SW 74 CIRCLE
MIAMI FL 33155

Mailing Address

1112 CAMELLIA CIRCLE
FORT LAUDERDALE FL 33326

2. Principal Place of Business

1191 Golden Cane Dr.
 Suite, Apt. #, etc.

3. Mailing Address

1191 Golden Cane Dr.
 Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0925431

Applied For

Not Applicable

Zip

33327

Country

U.S.A.

Zip

33327

Country

U.S.A.

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORRES, LUIS SR.
4190 SW 74TH CT.
MIAMI FL 33155

7. Name and Address of New Registered Agent

Name

Becharz Rojas

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

3558 Magellan Circle, Apt. 131

City

Aventura

FL

Zip Code

33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Blum

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 13, 2002 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
NAME
STREET ADDRESS
CITY-ST-ZIP

T
VILLARREAL, GERMAN
CALLE 77 11119, PISO 6
BOGOTA, COLOMBIA SA

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
TORRES, LUIS JR
4190 SW 74 CT
MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
TORRES, CATALINA
4190 SW 74 CT
MIAMI FL 33155

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

PRES
TORRES, LUIS SR
1191 GOLDEN CANE DRIVE
WESTON, FL 33327

☐ 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 REQUIRED

9/30/02 (954) 389-2606

CR2E034 (4/02)