

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058203

1. Entity Name

ANDY'S HAND WASH & WAX, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90037 021 ***150.00

Principal Place of Business

Mailing Address

9935 S.W. 213 TERRACE
 MIAMI FL 33189

9935 S.W. 213 TERRACE
 MIAMI FL 33157-5828

2. Principal Place of Business

3. Mailing Address

17421 SW 89 AVE

17421 SW 89 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

05-0930520

Applied For

Not Applicable

Zip

33157

Country

US

Zip

33157

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WYANT, TERESITA E
 9935 S.W. 213 TERRACE
 MIAMI FL 33189

Name

WYANT, TERESITA E.

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

17421 SW 89 AVE

City

MIAMI

FL

Zip Code

33157

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

Teresita E. Wyant

TERESITA E. WYANT

4/24/00

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.

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	PD	<input type="checkbox"/> Delete
NAME	WYANT, TERESITA E	
STREET ADDRESS	9935 S.W. 213 TERRACE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WYANT, TRACY F	
STREET ADDRESS	9935 S.W. 213 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYANT, TERESITA E.	
STREET ADDRESS	17421 SW 89 AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYANT, TRACY F	
STREET ADDRESS	17421 SW 89 AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

Teresita E. Wyant

TERESITA WYANT

4/24/00

(305) 2542210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)