

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90095 001 ***150.00

DOCUMENT # **P99000077279**

1. Entity Name

ANDEAN WEAR, CCM, INC

(R)

Principal Place of Business

Mailing Address

3126 CENTER ST
MIAMI, FL 33133

3126 CENTER ST
MIAMI, FL 33133

2. Principal Place of Business

3. Mailing Address

1640 E EDINGER AVE SUITE C

1640 E EDINGER SUITE C

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SANTA ANA, CA

SANTA ANA, CA

Zip **92705** Country

Zip **92705** Country

4. FEI Number

650 94 5316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0071970

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORRERO, FABIAN
3126 CENTER ST
MIAMI, FL 33133

Name

BORRERO, FABIAN

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

13611 SW 97 ST

City

MIAMI

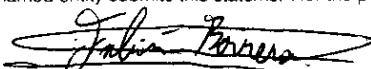
FL

Zip Code

33186

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



7/15/00

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. (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

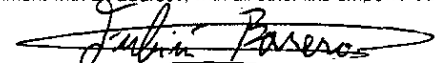
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
FABIAN BORRERO
13611 SW 97 ST
MIAMI, FL 33186

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

7/15/00

Date

(305) 4958567

Daytime Phone #

CR2E034 (9/99)

DOC # P99000077279

Attachment A0071970

Miami, 8th of July, 2000

Department of State of Florida
Division of Corporations
Tallahassee, Florida

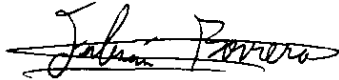
Andean Wear.Com, INC
1640 E Edinger Ave Suite C
Santa Ana, CA 92705

To whom it may concern:

I am sending the payment due along with the UBR which I never received and had to request over the telephone. Because of this reason I would like to request a waiver on the late fee charged on top of the \$150.

If it's possible I would like to get a confirmation that my corporation is in good standing with the department of State. Please notice that the corporate mailing address has changed.

Thank you,

A handwritten signature in black ink, appearing to read 'Fabian Borrero', with a horizontal line drawn through the middle of the signature.

Fabian Borrero
President
Andean Wear.Com, INC