

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 06, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000079359**1. Entity Name
ANDA SALES, INC.

Principal Place of Business

2915 WESTON RD.

WESTON
33331

FL

Mailing Address

4001 SW 47 AVENUE

FORT LAUDERDALE
33314

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

4955 ORANGE DRIVE

Suite, Apt. #, etc.

ATTN: ALLISON LICHTER

City & State

DAVIE

FL

Zip

Country

4. FEI Number

65-0951294

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

LODIN SCOTT
4001 S.W. 47TH AVE.FT. LAUDERDALE
33314

FL

US

7. Name and Address of New Registered Agent

Name

LODIN SCOTT

Street Address (P.O. Box Number is Not Acceptable)
4955 ORANGE DRIVECity
DAVIE

FL

Zip Code
33314

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 **SCOTT LODIN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/06/2001

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, 2001 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

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LODIN SCOTT	
STREET ADDRESS	4001 S.W. 47TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	VPTD	<input type="checkbox"/> Delete
NAME	MALAHIAS ANGELO	
STREET ADDRESS	4001 S.W. 47TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COHEN ALAN P	
STREET ADDRESS	4001 SW 47 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LODIN SCOTT	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALAHIAS ANGELO	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN ALAN P	
STREET ADDRESS	4955 ORANGE DRIVE	
CITY-ST-ZIP	DAVIE FL 33314	
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: **Scott Lodin**

VPSD

04/06/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)