

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P99000084164

1. Entity Name

ANDRE'S MOVING AND DELIVERY SERVICE, INC.

(R)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-11-2000 90094 038 ***150.00

Principal Place of Business

900 E. ATLANTIC BLVD., PMB #12-185
 POMPANO BEACH FL 33060

Mailing Address

900 E. ATLANTIC BLVD., PMB #12-185
 POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0952446

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JONES, ANDRE
 630 N.E. 44 STREET
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 *Owner/President* ☐ Delete
 NAME *Andre W. Jones*
 STREET ADDRESS *630 N.E. 44 Street*
 CITY-ST-ZIP *Pompano Bch, FL 33064*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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:

Andre W. Jones
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00 *931-295-4736*
 Date Daytime Phone

CR2E034 (5/00)

TO: 2000 Uniform Business Report
FROM: Andre's Moving and Delivery Service

We are a new incorporation. We were not aware of this Business Report. We became incorporated as of September 20, 1999. This is also the first notice received. We never received this until July 2000. I see that it says second notice, but like I mentioned before, we never got the first. Andre's Moving and Delivery Service, Inc. is new to all of this and we are asking that consideration is taken on our behalf. We are a very small and family owned business and are learning everything slowly. Please know we did not receive the first notice, and the reason we were responding now is because I called my accountant on 8/8/2000 to ask if he was aware of it and that's when it was explained to us. In conclusion, please accept our payment of \$150.00

Thank You, Andre's Moving & Delivery
Andre W. Jones