

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092958

1. Entity Name

M. ANDERSEN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4311 N.W. 16TH ST.  
LAUDERHILL FL 33313

4311 N.W. 16TH ST.  
LAUDERHILL FL 33313-7172

2. Principal Place of Business

8328 LAGOS DE CAMPOS BLVD

3. Mailing Address

8328 LAGOS DE CAMPOS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMARAC FLORIDA

City & State

TAMARAC FLORIDA

4. FEI Number

65-0958732

Applied For

Not Applicable

Zip

33321

Country

USA

Zip

33321

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANDERSEN, MICHAEL I  
4311 N.W. 16TH ST.  
LAUDERHILL FL 33313

Name

MICHAEL I ANDERSEN

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

8328 LAGOS de CAMPOS BLVD

City

TAMARAC

FL

Zip Code

33321

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

MICHAEL I ANDERSEN

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*Michael Andersen*

4-18-00

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

TITLE ~~MICHAEL I ANDERSEN~~ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE PRESIDENT ☐ Delete  
NAME  
STREET ADDRESS MICHAEL ANDERSEN  
CITY-ST-ZIP 8328 LAGOS de CAMPOS BLVD  
TAMARAC FL 33321

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

TITLE VICE-PRESIDENT ☐ Delete  
NAME  
STREET ADDRESS MONA ANDERSEN  
CITY-ST-ZIP 8328 LAGOS de CAMPOS BLVD  
TAMARAC FL 33321

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Michael Andersen* MICHAEL ANDERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-18-00

Daytime Phone #

954-205-3656

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90064 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE