

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096496

i. Entity Name

ANDEL INVESTMENT INC

Principal Place of Business

Mailing Address

NORTHWEST 94 COURT  
FL 33178

4631 NORTHWEST 94 COURT  
MIAMI FL 33178-2097

Principal Place of Business

4631 NW 94 CT  
Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Address

PO Box 720128  
Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA.

4. FEI Number

65-0964666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORP, DELIA R  
4631 NORTHWEST 94 COURT  
MIAMI FL 33178

7. Name and Address of New Registered Agent

Name

X

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

X

City

X

FL

Zip Code

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 \$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**

ii.

OFFICERS AND DIRECTORS

<input type="checkbox"/> Delete	D CORP, DELIA R 4631 NORTHWEST 94 COURT MIAMI FL 33178
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/00

Date

305 463 8670

Daytime Phone #

CR2E034 (9/99)