## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 01, 2002 8:00 am Secretary of State P99000105526 **DOCUMENT #** 1. Entity Name 02-24-2002 90091 039 \*\*\*150.00 ANDEAN ARTS & CRAFTS OF WEST PALM BEACH, INC. Principal Place of Business Mailing Address 3416 SOUTH DIXIE HIGHWAY 3416 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 Mailing Address 2613 Suite. Apt. #. etc Suite, Apt. #, etc. DO NOT WRITE IN THISISPACE Applied For 4. FEI Number 65-0965834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent Name and Address of New Registered Agent Name Torres. Luis sr 9490 SW 174TH CT MIAMI FL 33155 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fe (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01) TITLE ☐ Delete ITILE Change ☐ Addition HERRERA, CARLOS E NAME NAME 3416 SOUTH DIXIE HIGHWAY CR2E034 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33405 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TTLE Change ☐ Addition VIGOYA, MERY E NAME MALLE STREET ADDRESS 3416 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIP TITI F Delete TITLE ☐ Change ☐ Addition TORRES, LUIS SR NAME NAME STREET ADDRESS 4190 SW 74 COURT STREET ADDRESS MIAMI FL 33155 City-St-ZIP CITY-ST- ZIP TITLE Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 pept 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 rain origin like or plants. 02-07-02

**FILED**