

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # S20949**

1. Entity Name

**D ANDRE AND ASSOCIATES, INC.****FILED**  
**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90018 002 \*\*\*158.75

Principal Place of Business

Mailing Address

1501 E 10TH AVE  
HIALEAH FL 33010  
US% IVAN A. GOMEZ  
601 BRICKLL KEY DRIVE, SUITE 507  
MIAMI FL 33131-2652  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0238448**

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****7. Name and Address of New Registered Agent**GOMEZ, IVAN A.  
601 BRICKELL KEY DR  
STE 507  
MIAMI FL 33131

Name

**IAG CORPORATE SERVICES, INC.**

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

601 BRICKELL KEY DRIVE  
SUITE 507

City

MIAMI

FL

Zip Code  
33131

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.

**IAG CORPORATE SERVICES, INC.**SIGNATURE By: *Ivan Gomez*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**IVAN A. GOMEZ, President**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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	CHANG, DAVID A.	1501 E 10TH AVENUE	HIALEAH FL	<input checked="" type="checkbox"/>	D	LAZARUS, MATTHEW A.	1501 E. 10TH AVENUE	HIALEAH, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P	LAZARUS, RICHARD A	1501 E 10TH AVENUE	HIALEAH FL	<input type="checkbox"/>	D	LAZARUS, GORDON	1501 E. 10TH AVENUE	HIALEAH, FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T	LAZARUS, KIRK M	1501 E 10TH AVENUE	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	LAZARUS, BRENDA M	1501 E 10TH AVENUE	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Brenda Lazarus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BRENDA LAZARUS**

3/2/00

Date

(305) 887-1560

Daytime Phone #

CR2E034 (9/99)