3 U.5 - 37/-92/3

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 16, 2001 8:00 am **DOCUMENT # \$20949 Secretary of State** 1. Entity Name D ANDRE AND ASSOCIATES, INC. 03-16-2001 90011 037 \*\*\*158.75 Principal Place of Business Mailing Address % IVAN A. GOMEZ 1501 E 10TH AVE HIALEAH FL 33010 601 BRICKLL KEY DRIVE. SUITE 507 00025764 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0238448 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IAG CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR **STE 507 MIAMI FL 33131** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 /58.75 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550:00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete TITLE Change Addition TITLE LAZARUS, MATTHEW A NAME NAME 1501 E 10TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH FL ☐ Addition ☐ Change TITLE ☐ Delete TITLE LAZARUS, RICHARD A NAME NAME 1501 E 10TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HIALEAH FL TITLE ☐ Addition TITLE ☐ Delete ☐ Chance LAZARUS, KIRK M NAME NAME 1501-E-10TH: AVENUE; ~-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE LAZARUS, BRENDA M NAME NAME 1501 E 10TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAZARUS, GORDON NAME NAME 1501 E 10TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH FL CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 truster 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 actives, with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR