

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90372 016 ***150.00

DOCUMENT # S30950

1. Entity Name
ANDMAR ENTERPRISES, INC.

Principal Place of Business Mailing Address

5733 RIVIERA DRIVE **5733 RIVIERA DRIVE**
CORAL GABLES FL 33146 **CORAL GABLES FL 33146**
US **US**



2. Principal Place of Business 3. Mailing Address

C/o BE-COASTAL Property Mgmt *C/o BE-COASTAL Property Mgmt Inc.*

Suite, Apt. #, etc. Suite, Apt. #, etc.

250 Catalonia Ave #405 **Catalonia Ave. #405**

City & State City & State

Coral Gables, FL. **Coral Gables, FL.**

Zip Country Zip Country

33134 **U.S** **33134** **US**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For

65-0244933 Not Applicable

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

HERSKOWITZ, ANDREW Name

5733 RIVIERA DRIVE Street Address (P.O. Box Number is Not Acceptable)

CORAL GABLES FL 33146 **250 Catalonia Ave #405**

City State Zip Code

Coral Gables **FL** **33134**

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: *[Signature]* **Andrew Herskowitz** **president** **1/4/02**

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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSKOWITZ, ANDREW	NAME	250 catalonia Ave #405
STREET ADDRESS	5733 RIVIERA DRIVE	STREET ADDRESS	Coral Gables, FL. 33134
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	Coral Gables, FL. 33134
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSKOWITZ, MARLA	NAME	250 catalonia Ave. #405
STREET ADDRESS	5733 RIVIERA DRIVE	STREET ADDRESS	Coral Gables, FL. 33134
CITY-ST-ZIP	CORAL GABLES FL 33146	CITY-ST-ZIP	Coral Gables, FL. 33134
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* **Andrew L. Herskowitz** **1/4/02** **305-529-1411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)