

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91441 014 \*\*\*150.00

**DOCUMENT # S30950**  
1. Entity Name  
**ANDMAR ENTERPRISES, INC.**



Principal Place of Business  
C/O COSTAL PROPERTY MGMT INC  
250 CATELONIA AVE #405  
CORAL GABLES, FL 33134 US

Mailing Address  
C/O COSTAL PROPERTY MGMT INC  
250 CATELONIA AVE #405  
CORAL GABLES, FL 33134 US

2. Principal Place of Business  
3. Mailing Address

**C/O BI-Coastal Property Mgmt. C/O BI-Coastal Property Mgmt.**  
**9099 SW 77th Ave. 9099 SW 77th Ave.**  
**Miami, FL 33156 Miami, FL 33156**

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0244933** Applies For  
**85-0244933** Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERSKOWITZ, ANDREW**  
**250 CATELONIA AVE #405**  
**MIAMI, FL 33134**

7. Name and Address of New Registered Agent  
Name  
Street Address **C/O BI-Coastal Property Mgmt.**  
**9099 SW 77th Ave.**  
**Miami, FL 33156**  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE **4/23/03**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO HERSKOWITZ, ANDREW 250 CATELONIA AVE #405 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO HERSKOWITZ, MARLA 250 CATALANIA AVE #405 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/O BI-Coastal Property Mgmt.</b> <b>9099 SW 77th Ave.</b> <b>Miami, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/O BI-Coastal Property Mgmt.</b> <b>9099 SW 77th Ave.</b> <b>Miami, FL 33156</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 007, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE **4/23/03** 305-576-9920

CR2E034 (10/02)