

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00376

1. Entity Name

DEANDREA ENTERPRISES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90216 038 ***150.00

Principal Place of Business

Mailing Address

110 HALF MOON CR.
#B2
LANTANA FL 33462

110 HALF MOON CR.
#B2
LANTANA FL 33462-5468

100010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0303748

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DEANDREA SR JOSEPH B
110 HALF MOON CIRCLE #B2
SUITE 300
BOCA RATON FL 33434

Name

JOSEPH B. DEANDREA SR.

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

110 HALF MOON CIRCLE - APT B2

City

Hypokuxo

FL

Zip Code

33462

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

Joseph B. DeAndrea

JOSEPH B. DEANDREA

1/10/00

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. (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	D	<input type="checkbox"/> Delete
NAME	DEANDREA, JOSEPH	
STREET ADDRESS	110 HALF MOON CR., #B2	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEANDREA, ROSE MARIE	
STREET ADDRESS	110 HALF MOON CR., #B2	
CITY-ST-ZIP	LANTANA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Joseph B. DeAndrea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH B. DEANDREA

1/10/00

Date

561-586-7847

Daytime Phone #

CR2E034 (9/99)