

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649530

1. Entity Name

"S" CORPORATION

Principal Place of Business

3912 S.W. 8TH STREET
CORAL GABLES FL 33134-2902
US

Mailing Address

PO BOX 141275
CORAL GABLES FL 33114
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SANCHEZ, JUSTO F.
3912 S.W. 8TH STREET
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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, 2001 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

TITLE **D** ☐ Delete
NAME **SANCHEZ, JUSTO F**
STREET ADDRESS **216 CAMPINA CT**
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **CS** ☐ Delete
NAME **SANCHEZ, JUSTO J.**
STREET ADDRESS **216 CAMPINA CT.**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **PM** ☐ Delete
NAME **SANCHEZ, LOURDES B.**
STREET ADDRESS **216 CAMPINA CT.**
CITY-ST-ZIP **CORAL GABLES. FL.**

TITLE **VTD** ☐ Delete
NAME **LEONOR, RUA**
STREET ADDRESS **216 CAMPINA COURT**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S, D** ☒ Change ☐ Addition
NAME **Justo J. Sanchez**
STREET ADDRESS **8955 Collins Ave. #115**
CITY-ST-ZIP **Miami Beach, FL 33154**

TITLE **P, C, M** ☒ Change ☐ Addition
NAME **Lourdes B. Sanchez**
STREET ADDRESS **66 Campina Court**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Justo J. Sanchez

Justo J. SANCHEZ

Jan. 5, 2001

(305)

444-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00000000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)