

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90123 001 ***300.00

DOCUMENT # P00000116171

1. Entity Name

SANCO HOLDINGS CO.

(Handwritten mark)

Principal Place of Business

Mailing Address

C/O MICHAEL ORTIZ
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES FL 33134

C/O MICHAEL ORTIZ
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES FL 33134

75278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2600 DOUGLAS ROAD

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

4. FEI Number

65-1064093

Applied For

Not Applicable

Zip

33134

Country

USA

Zip

33134

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, MICHAEL
 328 MINORCA AVENUE 2ND FLOOR
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
ORTIZ, MICHAEL
 Street Address (P.O. Box Number is Not Acceptable)
2600 DOUGLAS ROAD
 PH 6
 City
CORAL GABLES, FL Zip Code
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)* *(Signature)* *(Signature)* **4/20/01**
Signature, typed or printed name of registered agent and date 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	PD	<input type="checkbox"/> Delete
NAME	Coiffman, Fanny	
STREET ADDRESS	10155 Collins Avenue, Unit 102	
CITY-ST-ZIP	Bal Harbour, FL 33154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2E034 (10/00)

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 employees.

SIGNATURE: *(Signature)* **Fanny Coiffman** **4/19/01** **(305)476-5270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #