


**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91182 031 \*\*\*150.00

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

**DOCUMENT # P0000116171**  
 1. Entity Name  
**SANCO HOLDINGS CO.**



Principal Place of Business  
 2600 DOUGLAS ROAD  
 PH 6  
 CORAL GABLES, FL 33134

Mailing Address  
 2600 DOUGLAS ROAD  
 PH 6  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
~~2121 Ponce de Leon Blvd~~

3. Mailing Address  
~~2121 Ponce de Leon Blvd~~

Suite, Apt. #, etc.  
 330



CHECK HERE IF MAKING CHANGES

City & State  
**Coral Gables, FL**

City & State  
**Coral Gables, FL**

Zip Country  
 33134 USA

Zip Country  
 33134 USA

4. FEI Number  
**65-1064093**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL**  
 2600 DOUGLAS ROAD, PH. 6  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
**Michael Ortiz**

Street Address (P.O. Box Number Is Not Acceptable)  
~~2121 Ponce de Leon Blvd~~  
**Ste. 330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4/14/03**

Signature, typewritten printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
 After May 1, 2003 Fee will be \$550.00  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COIFFMAN, FANNY 10155 COLLINS AVENUE, UNIT 102 BAL HARBOUR, FL 33154	<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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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
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 607, 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 \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)