

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90047 009 \*\*\*150.00

**DOCUMENT # P97000068941**

1. Entity Name

**SANDEZ INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

12761 N.W. 99TH COURT  
 HIALEAH GARDENS FL 33018-7414

12761 N.W. 99TH COURT  
 HIALEAH GARDENS FL 33018-7414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0783980**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDEZ, OSCAR**  
**12761 N.W. 99TH COURT**  
**HIALEAH GARDENS FL 33018-7414**

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, 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	PSD	<input type="checkbox"/> Delete
NAME	<b>SANDEZ, OSCAR</b>	
STREET ADDRESS	<b>12761 N.W. 99TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018-7414</b>	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	<b>COVNATSKY, BEATRIZ A</b>	
STREET ADDRESS	<b>12761 N.W. 99TH COURT</b>	
CITY-ST-ZIP	<b>HIALEAH GARDENS FL 33018-7414</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

*Oscar Sandez*  
**Dr. OSCAR SANDEZ**  
**ECONOMISTA, T'S F\*70**  
**CPN T'S 26 F\*71**  
**15 T\*57**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Date

Daytime Phone #

CR2E034 (9/99)