

2000 UNIFORM BUSINESS REPORT (UBR)

5/19/

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-19-2000 90024 022 ***150.00

DOCUMENT # P98000060505

1. Entity Name

FLORIDA SANITAS, INC.

Principal Place of Business

Mailing Address

7724 NW 64TH STREET
MIAMI FL 33166
US-

2121 PONCE DE LEON BLVD. SUITE 920
CORAL GABLES FL 33134

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

65-0872903

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

Name

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

City

FL

33131

2121 PONCE DE LEON BLVD. SUITE 920
CORAL GABLES FL 33134

200 S.E. FIRST ST. SUITE 602

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

GERARDO VILLAFANE

6-19-00

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 NAME STREET ADDRESS CITY-ST-ZIP	P HARB, FRANK 7724 NW 64TH STREET MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL CASTILLO, JOSE MARIA 7724 NW 64TH STREET MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE VALDENEBRO, CLARA E. G 7724 NW 64TH STREET MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLAN, EDGAR M 7724 NW 64TH STREET MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARB, FRANK 200 S.E. FIRST ST. - SUITE 602 MIAMI FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEL CASTILLO, JOSE MARIA 200 S.E. FIRST ST. - SUITE 602 MIAMI FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE VALDENEBRO, CLARA E. G 200 S.E. FIRST ST. - SUITE 602 MIAMI FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLAN, EDGAR M 200 S.E. FIRST ST. - SUITE 602 MIAMI FL 33131	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLAFANE, GERARDO 200 S.E. FIRST ST. - SUITE 602 MIAMI FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

FRANK HARB

22 MAR 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)