

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2001 90095 001 *3,308.75

0160318

DOCUMENT # P99000045141

1. Entity Name

SANDMILL HOLDINGS I, INC.

Principal Place of Business

Mailing Address

**901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134**

**901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134**

68351



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1012535**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEGREDO, FRANK J ESQ.
 901 PONCE DE LEON BLVD.
 SUITE #601
 CORAL GABLES FL 33134**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	FARAJ, JORGE ALBERTO	
STREET ADDRESS	6902 N.W. 111TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DP	<input type="checkbox"/> Delete
NAME	FARAJ, JORGE JUAN	
STREET ADDRESS	6902 N.W. 111TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FARAJ, LILY	
STREET ADDRESS	6902 N.W. 111TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FARAJ, MARIO ROBERTO	
STREET ADDRESS	6902 N.W. 111TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33178	
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"/> Change <input type="checkbox"/> Addition
NAME		
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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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/03/01

Date

Daytime Phone #

CR2E034 (10/00)