

DOCUMENT # P99000045141

1. Entry Name

SANDMILL HOLDINGS I, INC.

07



FILED

03 MAY -1 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
8350 SOUTH DIXIE HIGHWAY
SUITE 1500
MIAMI FL 33158

Mailing Address
8350 SOUTH DIXIE HIGHWAY
SUITE 1500
MIAMI FL 33156

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

6. Certificate of Status Desired

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGREDO, FRANK J
8350 SOUTH DIXIE HIGHWAY
SUITE 1500
MIAMI FL 33158

Name
FRANK J. SEGREGO, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
8350 SOUTH DIXIE HIGHWAY
SUITE 1500
City MIAMI FL Zip Code 33156

8. The above named entity subscribes to the 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME
D FARAJ, JORGE ALBERTO
STREET ADDRESS
6902 NW 111 AVENUE
CITY-ST-ZIP MIAMI, FL. 33178 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP
600017826266
05/01/03--01052--001 ***3300.00 Change Addition

TITLE NAME
DP FARAJ, JORGE JUAN
STREET ADDRESS
6902 NW 111 AVENUE
CITY-ST-ZIP MIAMI, FL. 33178 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
DVP FARAJ, LILY
STREET ADDRESS
6902 NW 111 AVENUE
CITY-ST-ZIP MIAMI, FL. 33178 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
DVP FARAJ, MARIO ROBERTO
STREET ADDRESS
6902 NW 111 AVENUE
CITY-ST-ZIP MIAMI, FL. 33178 Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP Change 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 807, 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:

Signature and typed or printed name of signing officer or director

04/25/2003

Date

Daytime Phone #

SECRETARY OF STATE