

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90047 017 \*\*\*158.75

## DOCUMENT #

1. Entity Name

Indigo Properties, Inc.

P960000 97965

Principal Place of Business

3211 Ponce De Leon Blvd.  
 Suite - M-1  
 Coral Gables, FL 33134

Mailing Address

3211 Ponce De Leon Blvd.  
 Suite - M-1  
 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

65-07322 70

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

Corporate Creations Enterprises, Inc.  
 4521 PGA Blvd. #211  
 Palm Beach Gardens, FL 33418

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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | President              | <input type="checkbox"/> Delete            |
| NAME           | Alejandro G. Sanchez   |  |
| STREET ADDRESS | 735 CALATRAVA AVENUE   |  |
| CITY-ST-ZIP    | Coral Gables, FL 33143 |  |
| TITLE          | Secretary              | <input type="checkbox"/> Delete            |
| NAME           | Michelle R. Sanchez    |  |
| STREET ADDRESS | 735 CALATRAVA AVENUE   |  |
| CITY-ST-ZIP    | Coral Gables, FL 33143 |  |
| TITLE          | Treasurer              | <input checked="" type="checkbox"/> Delete |
| NAME           | Hector J. Sanchez      |  |
| STREET ADDRESS | 1515 SARRIA AVENUE     |  |
| CITY-ST-ZIP    | Coral Gables, FL 33146 |  |
| TITLE          | Vice President         | <input checked="" type="checkbox"/> Delete |
| NAME           | Juan M. Sanchez        |  |
| STREET ADDRESS | 1515 SARRIA AVENUE     |  |
| CITY-ST-ZIP    | Coral Gables, FL 33146 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 |
| 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 |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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:

 Alejandro G. Sanchez  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President

April 18, 2000

Date

Daytime Phone #

(305)  
 668-8711

CR2E034 (9/99)