

DOCUMENT # F06560
1. Entity Name
SANCHELIMA & ASSOCIATES, P.A.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90008 022 ***150.00

Principal Place of Business Mailing Address
% JESUS SANCHELIMA **% JESUS SANCHELIMA**
235 SW 42ND AVE. **235 SW 42ND AVE.**
MIAMI FL 33134 **MIAMI FL 33134**



DO NOT WRITE IN THIS SPACE

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 **59-2042637** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SANCHELIMA, JESUS
235 S.W. LEJEUNE RD.
MIAMI FL 33134

7. Name and Address of New Registered Agent
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 _____ (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, 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
TITLE **PS** ☐ Delete
NAME **SANCHELIMA, JESUS**
STREET ADDRESS **235 S.W. LEJEUNE RD.**
CITY-ST-ZIP **MIAMI FL**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ 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: *J. Sanchelima* **JESUS SANCHELIMA** 1/4/00 (305) 447-1617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)