

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90184 029 ***150.00

0175875 AV

DOCUMENT # P97000061055

1. Entity Name
SANCHEZ FINA INC.



Principal Place of Business
**28199 SOUTH DIXIE HWY
MIAMI FL 33033**

Mailing Address
**28199 SOUTH DIXIE HWY
MIAMI FL 33033**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0767236**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, ROBERT M
28199 SOUTH DIXIE HWY
MIAMI FL 33033**

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. 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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 **PD** ☐ Delete
NAME **SANCHEZ, ROBERT M**
STREET ADDRESS **23700 SW 120 AVE**
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SANCHEZ, MARTIN V**
STREET ADDRESS **15340 SW 308 ST**
CITY-ST-ZIP **MIAMI FL 33033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SANCHEZ, MARIA**
STREET ADDRESS **15340 SW 308 ST**
CITY-ST-ZIP **MIAMI FL 33033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment

90138122
~~# 7000061055~~

attachment

TO: UNIFORM BUSINESS REPORT

MR. MARTIN V SANCHEZ HAS BEEN
IN THE HOSPITAL WITH HEART PROBLEMS
FROM 4/03 DUE TO THIS PROBLEM
THE UNIFORM BUSINESS REPORT IS LATE
THIS YEAR. PLEASE TAKE MY \$150.00
PAYMENT ON DEBIT THE LATE FEE
DUE TO OUR LIFE AND DEATH PROBLEMS

THANK YOU
R. Sanchez

P.S. PLEASE FEEL FREE
TO CALL ME AT
305 3456070