

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90044 042 ***150.00

DOCUMENT # 291426

1. Entity Name

JOSE L. SANZ CORPORATION

Principal Place of Business

Mailing Address

1865 BRICKELL AVENUE
 TOWNHOUSE #7
 MIAMI FL 33129

1865 BRICKELL AVENUE
 TOWNHOUSE #7
 MIAMI FL 33129-1621

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 **59-1105335**

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

SEGAL, MARTIN E
2655 LEJEUNE ROAD, SUITE 1101
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

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

OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

PD

Delete

NAME

SANZ, JOSE L

STREET ADDRESS

1865 BRICKELL AVENUE #7

CITY-ST-ZIP

MIAMI FL 33129

TITLE

VSTD DECEASED AUG 6, 1999 Delete

NAME

SANZ, LAURA

STREET ADDRESS

1865 BRICKELL AVENUE #7

CITY-ST-ZIP

MIAMI FL 33129

TITLE

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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) **JOSE L. SANZ**

JAN 28, 2000 **305-854-7120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #