

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413357

1. Entity Name

SANDLAND DEVELOPMENT CORP.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90130 030 \*\*\*150.00

Principal Place of Business

Mailing Address

4190 NW 135 STREET  
OPA LOCKA FL 33054

2. Principal Place of Business

4190 NW 135 STREET

Suite, Apt. #, etc.

3. Mailing Address

4190 NW 135 STREET

Suite, Apt. #, etc.

City & State

OPA LOCKA FL

City & State

OPA LOCKA FL

Zip

33054

Country

US

Zip

33054

Country

US

4. FEI Number

59-1518574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

A0063021

6. Name and Address of Current Registered Agent

SANCHEZ, IAN  
4190 NW 135 STREET  
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

4190 NW 135 STREET

City

OPA LOCKA

FL

Zip Code

33054

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, 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 P ☐ Delete

NAME IAN SANCHEZ

STREET ADDRESS

CITY-ST-ZIP

TITLE S ☐ Delete

NAME MARITZA SANCHEZ

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME IAN SANCHEZ

STREET ADDRESS 4190 NW 135 STREET

CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☒ Change ☐ Addition

NAME MARITZA SANCHEZ

STREET ADDRESS 4190 NW 135 ST

CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 3056810417

CR2E034 (1/1/00)