

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90019 038 ***150.00

DOCUMENT # 471124
 1. Entity Name
SANSABRINO ENTERPRISES, INC.

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| Principal Place of Business 1301 S UNIVERSITY PLANTATION, FL PLANTATION FL 33317 US | Mailing Address C/O JOHN SANSABRINO 7368 S.W. 9TH COURT PLANTATION FL 33317-4133 |
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DO NOT WRITE IN THIS SPACE

| | |
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| 2. Principal Place of Business 499 NW 70 Ave Suite, Apt. #, etc. Suite 116 City & State Plantation FL Zip 33317 Country Broward | 3. Mailing Address 499 NW 70 Ave Suite, Apt. #, etc. Suite 116 City & State Plantation, FL Zip 33317 Country Broward |
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4. FEI Number **59-1575992** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SANSABRINO, JOHN
 7368 S.W. 9TH COURT
 PLANTATION FL 33317**

7. Name and Address of New Registered Agent
 Name **GARRY BERGMAN**
 Street Address (P.O. Box Number is Not Acceptable)
499 NW 70 Ave, Suite 116
 City **Plantation** FL Zip Code **33317**

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]* **GARRY BERGMAN** DATE **1/24/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP | P SANSABRINO, JOHN 7368 SW 9TH CT PLANTATION FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANSABRINO, ROSALIND 7368 SW 9TH CT PLANTATION FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SANSABRINO, JOHN 7368 SW 9TH CT PLANTATION FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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]* **John Sansabrino** **John Sansabrino** **1-26-2000** **584-777**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #