

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90118 026 \*\*\*150.00

**DOCUMENT # 516423**

1. Entity Name  
**SANDHILLS CORPORATION**

Principal Place of Business

155 OCEAN LANE DRIVE  
 APARTMENT 1001-W  
 KEY BISCAYNE FL 33149

Mailing Address

155 OCEAN LANE DRIVE  
 APARTMENT 1001-W  
 KEY BISCAYNE FL 33149-1459

909175



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1694147**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUSTAVO LOPEZ-MUNOZ**  
**155 OCEAN LANE DR. #1001-W**  
**KEY BISCAYNE FL 33149**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD LOPEZ-MUNOZ, GUSTAVO**  
 STREET ADDRESS **155 OCEAN LANE DRIVE**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SDVP LOPEZ-MUNOZ, MARIA ROSA**  
 STREET ADDRESS **155 OCEAN LN DR**  
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D RUIZ, EMILIO GOMEZ**  
 STREET ADDRESS **D-28 PAR.-DE SAN IGNARIO**  
 CITY-ST-ZIP **RIO PIEDRAS PR 00921**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD DE GONGORA, ROBERTO**  
 STREET ADDRESS **9034 S.W. 6TH ST.**  
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ALVAREZ, SANTIAGO J.**  
 STREET ADDRESS **3775 KUMQUAT AVENUE**  
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

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:

*Gustavo Lopez-Munoz - President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GUSTAVO LOPEZ-MUNOZ**

1/14/00  
 Date

Daytime Phone #

CR2E034 (9/99)