


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

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90122 012 \*\*\*150.00

**DOCUMENT # 516423**

1. Entity Name  
**SANDHILLS CORPORATION**



Principal Place of Business  
**4810 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146**

Mailing Address  
**4810 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**GUSTAVO LOPEZ-MUNOZ  
4810 ALHAMBRA CIRCLE  
CORAL GABLES FL 33146**

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ-MUNOZ, GUSTAVO	
STREET ADDRESS	155 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	SDVP	<input type="checkbox"/> Delete
NAME	LOPEZ-MUNOZ, MARIA ROSA	
STREET ADDRESS	155 OCEAN LN DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUIZ, EMILIO GOMEZ	
STREET ADDRESS	D-28 PAR.-DE SAN IGNARIO	
CITY-ST-ZIP	RIO PIEDRAS PR 00921	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE GONGORA, ROBERTO	
STREET ADDRESS	9034 S.W. 6TH ST.	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, SANTIAGO J.	
STREET ADDRESS	3775 KUMQUAT AVENUE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7631 S.W. 59th Avenue	
CITY-ST-ZIP	Miami, Florida 33143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gustavo Lopez-Munoz* **REQUIRED** 1/15/03 305-662-1001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)