## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 24, 2000 8:00 am Secretary of State **DOCUMENT # 618063** SANCHEZ AND SON., INC. 01-24-2000 90052 026 \*\*\*150.00 Principal Place of Business Mailing Address 13295 SW 34 ST 13295 SW 34 ST MIAMI FL 33175 MIAMI FL 33175-6906 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1905364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TARRADELL, EUSEBIO Street Address (P.O. Box Number is Not Acceptable) 4840 NW 184 TERR MIAMI FL Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition TITLE ☐ Delete TITLE SANCHEZ, VIRGILIO T NAME NAME 13295 SW 34 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL SD ☐ Delete ☐ Change ☐ Addition TITLE TITLE SANCHEZ, MINERVA NAME NAME 13295 SW 34 ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL Change ☐ Addition TITLE ☐ Delete TITLE SANCHEZ, VIRGILIO F NAME NAME STREET ADDRESS 13295 SW 34 ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

FILED

Daytime Phone #