

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # A98006002723**

1. Entity Name  
**HSANDRO LIMITED**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL -3 AM 9:26

WL 7/5

Principal Place of Business  
**2816 WEST FAIRBANKS AVENUE  
WINTER PARK FL 32789**

Mailing Address  
**2816 WEST FAIRBANKS AVENUE  
WINTER PARK FL 32789**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-3587273**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SANDRONI, HILDA**  
**2816 WEST FAIRBANKS AVENUE**  
**WINTER PARK FL 32789**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$8,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>HILDA SANDRONI, TRUSTEE 2816 WEST FAIRBANKS AVENUE WINTER PARK FL 32789</b>	STREET ADDRESS	<b>200006225792--6 -07/05/02--01060--014 ****526.25 ****526.25</b>
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Hilda Sandroni* **REQUIRED** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date **6/27/02** Daytime Phone # **707 647-3532**

CR2E003 (9/01)

292

June 27, 2002

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 JUL -3 AM 9:26

Florida Department of State  
Katherine Harris  
Secretary of State

Division of Corporations  
P.O. box 6327  
Tallahassee, Florida  
32314

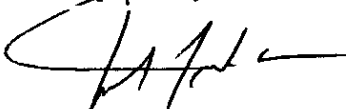
To Whom it May Concern,

As the person in charge of the accounting and tax fillings for Apopka Industrial Park, llc, Sandroni Property Management, inc., Asandro Limited, and Hasandro Limited, Corporate Fillings I request an Abatement of the Penalty Fees for the above.

In the last Year, I have had numerous personal problems with my Wife and Our less than two years of age Son. My Wife has been Diagnosed with Colon Cancer and is now listed in stage four and being maintained with numerous operations Abdominal and Breast area, Experimental Treatments, and long Hospital time from Operations as well serious Complications. I have spent a lot of time at the Hospital, and the Care taking of my wife as well as my child. I apologize and would appreciate an Abatement of the penalty fee for these yearly Corporate taxes due to my personal situation that I have explained.

Please, respond to this request to me directly @ 407-647-3532 or mail this response to John J Sandroni @ PO Box 608123, Orlando, Florida 32860.

Respectfully Yours,



John J Sandroni