

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90173 010 ***150.00

0101142

DOCUMENT # L43513

1. Entity Name

SANDRA'S WASH, INC.

Principal Place of Business

2750 WEST 68TH ST.
STE. #118
HIALEAH FL 33016

Mailing Address

3141 WEST 76 STREET
SUITE 7
HIALEAH FL 33018

2. Principal Place of Business

3. Mailing Address

14905 SW 38 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL 33185

Zip

Country

Zip

Country

33185

4. FEI Number

65-0169216

Applied For

Not Applicable

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

SCHECHNER, MARK S.
2121 PONCE DE LEON BLVD.
SUITE 711
CORAL GABLES FL 33134

Name

Avel Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

2688 SW 137 Avenue

City

Miami

FL

Zip Code

33175

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, 2001 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 D
STREET ADDRESS SCHECHNER, MARK S.
CITY-ST-ZIP 2121 PONCE DE LEON BLVD.
CORAL GABLES FL

TITLE ☐ Change ☒ Addition
NAME RICARDO SAYEGH
STREET ADDRESS 14905 SW 38ST
CITY-ST-ZIP MIAMI FL 33185 D.

TITLE ☒ Delete
NAME DV
STREET ADDRESS LECHIN, GARY
CITY-ST-ZIP 1901 BRICKELL AVE 2104-B
MIAMI FL

TITLE ☐ Change ☒ Addition
NAME NELSON SAYEGH
STREET ADDRESS 14905 SW 38ST
CITY-ST-ZIP MIAMI FL 33185 D

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ricardo Sayegh

Date

Daytime Phone #

3/12/01 229-2275

CR2E034 (10/00)