

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90261 042 ***150.00

DOCUMENT # L47127

1. Entity Name
GABRIEL M. SANCHEZ, P.A.

Principal Place of Business

**9555 N. KENDALL DR.
 STE. 200
 MIAMI FL 33176
 US**

Mailing Address

**9555 N. KENDALL DR.
 STE. 200
 MIAMI FL 33176
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0236206

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

**SANCHEZ, GABRIEL M.
 9555 N. KENDALL DR.
 SUITE 200
 MIAMI FL 33176**

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **SANCHEZ, GABRIEL M.**
 CITY-ST-ZIP **9555 N. KENDALL DR., STE. 200
 MIAMI FL**

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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

8/29/01 (305) 595-4661
 Date Daytime Phone #

CR2E034 (5/01)

GABRIEL M. SANCHEZ, P.A.
ATTORNEY AT LAW

9555 N. KENDALL DRIVE
SUITE 200
MIAMI, FLORIDA 33176

GABRIEL M. SANCHEZ, P.A.
TELEPHONE
(305) 595-4661
FACSIMILE
(305) 595-0198

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B0003858

August 29, 2001

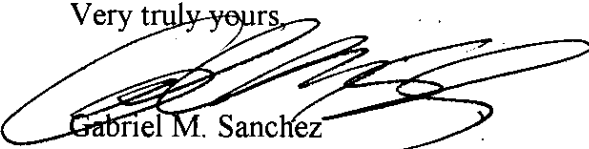
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Gabriel M. Sanchez, P.A.
FEI No.: 65-0236206

Gentlemen:

Please be advised that the undersigned did not receive a First Notice to file the 2001 Uniform Business Report fee before May. My only notice for 2001 came in late summer to be filed before September 12, 2001. Accordingly, my corporation should not be penalized a \$400.00 late fee, since I did not receive the first notice. I am enclosing a \$150.00 check payable to Department of State for the Gabriel M. Sanchez, P.A., 2001 annual report. Please waive the \$400.00 late fee assessed.

Very truly yours,


Gabriel M. Sanchez

GMS/ylp

Enc. (as noted)