

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

**FILED**  
**Feb 06, 2003 8:00 am**  
**Secretary of State**

02-06-2003 90100 020 \*\*\*150.00

DOCUMENT # P00000001694

1. Entity Name

Sandland Corporation



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

181 Crandon Blvd #102

Suite, Apt. #, etc.

3. Mailing Address

P.B. N 1629

Suite, Apt. #, etc.

P.O. Box 025645

DO NOT WRITE IN THIS SPACE

City & State

Key Biscayne, FL

City & State

Miami FL

4. FEI Number

59-2870396

Applied For

Not Applicable

Zip

33149

Country

US

Zip

33102-5645

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Lisette Salazar, Esq.

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

240 Crandon Blvd. #266

City

Key Biscayne

FL

Zip Code

33149

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

*Lisette Salazar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-24-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.D.  
Alberto Cabello  
181 Crandon Blvd. #102  
Key Biscayne, FL. 33149

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP, D, S  
Beatriz Solis  
181 Crandon Blvd #102  
Key Biscayne, FL. 33149

TITLE  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Beatriz Solis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.24-03

Date

305 423-4450

Daytime Phone #

CR2E034B (12/02)