

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000021276**1. Entity Name
SAND CASTLES PROPERTY MANAGEMENT COMPANY**Principal Place of Business**

10621 N. KENDALL DR., SUITE 206

MIAMI
33176

FL

Mailing Address

10621 N. KENDALL DR., SUITE 206

MIAMI
33176

FL

2. Principal Place of Business**3. Mailing Address**

12930 N.W. 6 TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI

FL

Zip

Country

Zip

Country

33182

4. FEI Number**65-1012137**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**EXPOSITO EDUARDO**
10621 N. KENDALL DR., SUITE 206MIAMI
33176

FL

7. Name and Address of New Registered Agent

Name

ALMANSA ELIZABETH

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

12930 N.W. 6 TERRACE

City
MIAMI

FL

Zip Code
33182

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 **ELIZABETH ALMANSA****02/25/2001**

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**TITLE **D** ☐ Delete
NAME **GARCIA MERCEDES T**
STREET ADDRESS **10621 N. KENDALL DR., SUITE 206**
CITY-ST-ZIP **MIAMI FL 33176**TITLE **D** ☐ Delete
NAME **ALMANSA ELIZABETH**
STREET ADDRESS **10621 N. KENDALL DR., SUITE 206**
CITY-ST-ZIP **MIAMI FL 33176**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **SD** ☒ Change ☐ Addition
NAME **GARCIA ANTONIO**
STREET ADDRESS **6310 S.W. 18 TERRACE**
CITY-ST-ZIP **MIAMI FL 33155**TITLE **PTD** ☒ Change ☐ Addition
NAME **ALMANSA ELIZABETH**
STREET ADDRESS **12930 N.W. 6 TERRACE**
CITY-ST-ZIP **MIAMI FL 33182**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: ELIZABETH ALMANSA**PTD****02/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)