

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90235 003 ***150.00

DOCUMENT # P00000027184

1. Entity Name
SANQUIRICO, INC.

Principal Place of Business
1625 PEREGRINE FALCONS W#303
ORLANDO FL 32837

Mailing Address
1625 PEREGRINE FALCONS W#303
ORLANDO FL 32837

2. Principal Place of Business
5850 Lakehurst Dr.

3. Mailing Address
5850 Lakehurst Dr.

Suite, Apt. #, etc.
Ste 150-9

Suite, Apt. #, etc.
Ste 150-9

City & State
Orlando Florida

City & State
Orlando Florida

Zip Country
32819 - U.S.A.

Zip Country
32819 - U.S.A.

4. FEI Number **593432493** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

URDANETA, ADA
1625 PEREGRINE FALCONS W#303
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5850 Lakehurst Dr Ste 150-9
 City **Orlando** **FL** Zip Code **32819**

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 _____ (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

TITLE **P** ☐ Delete
 NAME **SANQUIRICO, LUIS**
 STREET ADDRESS **1625 PEREGRINE FALCONS W#303**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5850 Lakehurst Dr. Ste 150-9**
 CITY-ST-ZIP **Orlando FL 32819**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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: _____ **7/25/01** **407.226.3100**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

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773998

July 25, 2001

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

RE: Sanguirico, Inc.
5850 Lakehurst Drive Ste 150-9
Orlando, Florida 32819
FEIN: 59-3632493

Dear Sir/Madam:

We are writing to you because we have moved from our previous address to our new location. We have had several problems with the post office in regards to our address change. We have lost much of our mail in this change.

We never received the original corporate renewal form due to this address change. Please accept our application and check for our corporate renewal. We apologize for any inconvenience this may cause you.

Sincerely,

Luis Sanguirico

Sanguirico, Inc.