

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2002 8:00 am**  
**Secretary of State**

09-12-2002 90090 006 \*\*\*558.75

**DOCUMENT # P00000027184**

1. Entity Name  
**SANQUIRICO, INC.**

Principal Place of Business

**5850 LAKEHURST DR  
 STE 150-9  
 ORLANDO FL 32819**

Mailing Address

**5850 LAKEHURST DR  
 STE 150-9  
 ORLANDO FL 32819**

2. Principal Place of Business

**13348 Twin Wood Lane**

3. Mailing Address

**PO Box 770908**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**2107**

City & State

**Orlando, Florida**

City & State

**Orlando, Florida**

4. FEI Number

**59-3632493**

Applied For

Not Applicable

Zip

Country

**32837**

**Orange**

Zip

Country

**32877-0908 Orange.**

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**URDANETA, ADA  
 5850 LAKEHURST DR  
 STE 150-9  
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **Urdaneta, Ada**

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

**13348 Twin Wood Lane Apt. 2107**

City

**Orlando**

**FL**

Zip Code

**32837**

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 **Ada Urdaneta** **ADA URDANETA**

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

(NOTE: Registered Agent signature required when reinstating)

**09/10/02**

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 13, 2002 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 **P** ☒ Delete  
 NAME **SANQUIRICO, LUIS**  
 STREET ADDRESS **5850 LAKEHURST DR**  
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Sanquirico, Luis**  
 STREET ADDRESS **13348 Twin Wood Ln 2107**  
 CITY-ST-ZIP **Orlando, Fl., 32837**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 NAME  
 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:

**LUIS SANQUIRICO**

**09/10/2002**

**321 229 3148**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

CR2E034 (4/02)