

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065615

1. Entity Name

SANCHEZ CONSTRUCTION, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90235 027 ***150.00

Principal Place of Business

14328 79TH CT. NORTH
ROYAL PALM BEACH FL 33470

Mailing Address

14328 79TH CT. NORTH
ROYAL PALM BEACH FL 33470

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

65-1019963

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, PEDRO
14328 79TH CT. NORTH
ROYAL PALM BEACH FL 33470

Name

SANCHEZ, PEDRO

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

14328 79TH CT NORTH

City

LOXAHATCHEE

FL

Zip Code

33470

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

(NOTE: Registered Agent signature required when reinstating)

01/16/01
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME SANCHEZ, PEDRO
STREET ADDRESS 14328 79TH CT. NORTH
CITY-ST-ZIP ROYAL PALM BEACH FL 33470

TITLE PD ☒ Change ☐ Addition
NAME SANCHEZ, PEDRO
STREET ADDRESS 14328 79TH CT NORTH
CITY-ST-ZIP LOXAHATCHEE FL 33470

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
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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: x Pedro Sanchez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/01 561-718-8050
Date Daytime Phone #

CR2E034 (10/00)