

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90824 021 ***150.00

0428283 AV

DOCUMENT # P00000068263

1. Entity Name

DANIEL SANCHEZ, INC.

Principal Place of Business

**13520 UNIVERSITY PLAZA
TAMPA FL 33612**

Mailing Address

**13520 UNIVERSITY PLAZA
TAMPA FL 33612**

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

59-3660568

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

**SANCHEZ, DANIEL
904 SANDYWOOD DRIVE
BRANDON FL 33510**

7. Name and Address of New Registered Agent

Name **Sanchez Daniel**

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

13520 University Plaza

City **Tampa**

FL

Zip Code **33613**

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

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

Daniel Sanchez

(NOTE: Registered Agent signature required when reinstating)

3/20/02

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 \$150.00
After May 1, 2002 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	PTSD	<input type="checkbox"/> Delete
NAME	SANCHEZ, DANIEL	
STREET ADDRESS	904 SANDYWOOD DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input type="checkbox"/> Delete
NAME	URRERA, MYRIAM	
STREET ADDRESS	904 SANDYWOOD DRIVE	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ DANIEL	
STREET ADDRESS	13520 University Plaza	
CITY-ST-ZIP	Tampa, FL. 33613	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URREA MYRIAM	
STREET ADDRESS	13520 University Plaza	
CITY-ST-ZIP	Tampa, FL. 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 incorporator 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Sanchez

3/20/02

(813) 971-3633

Date

Daytime Phone #

CR2E034 (9/01)