

2002 UNIFORM BUSINESS REPORT (UBR)

0088025 AV

DOCUMENT # P00000103210

1. Entity Name

SANDRONI PROPERTY MANAGEMENT, INC.

FILED

02 JUL 22 PM 3:41

Principal Place of Business

2816 W FAIRBANKS AVE
ORLANDO FL 32789

Mailing Address

2816 W FAIRBANKS AVE
ORLANDO FL 32789

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3684554

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PAGE, CHRISTINA M
5850 LAKEHURST DR STE 205
ORLANDO FL 32819

Name

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

City

FL

Zip Code

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.

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☐ Delete
NAME SANDRONI, JOHN J
STREET ADDRESS 2816 W FAIRBANKS AVE
CITY-ST-ZIP ORLANDO FL 32789

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/27/02

707-647-3532

CFR2E034 (9/01)

2022

June 27, 2002

Florida Department of State
Katherine Harris
Secretary of State

Division of Corporations
P.O. box 6327
Tallahassee, Florida
32314

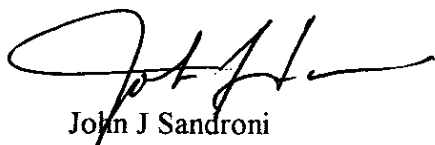
To Whom it May Concern,

As the person in charge of the accounting and tax fillings for Apopka Industrial Park, llc, Sandroni Property Management, inc., Asandro Limited, and Hasandro Limited, Corporate Fillings I request an Abatement of the Penalty Fees for the above.

In the last Year, I have had numerous personal problems with my Wife and Our less than two years of age Son. My Wife has been Diagnosed with Colon Cancer and is now listed in stage four and being maintained with numerous operations Abdominal and Breast area, Experimental Treatments, and long Hospital time from Operations as well serious Complications. I have spent a lot of time at the Hospital, and the Care taking of my wife as well as my child. I apologize and would appreciate an Abatement of the penalty fee for these yearly Corporate taxes due to my personal situation that I have explained.

Please, respond to this request to me directly @ 407-647-3532 or mail this response to John J Sandroni @ PO Box 608123, Orlando, Florida 32860.

Respectfully Yours,



John J Sandroni