

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90123 001 \*\*\*300.00

**DOCUMENT # P00000116171**

1. Entity Name

**SANCO HOLDINGS CO.**

*(Handwritten mark)*

Principal Place of Business

Mailing Address

C/O MICHAEL ORTIZ  
 328 MINORCA AVENUE 2ND FLOOR  
 CORAL GABLES FL 33134

C/O MICHAEL ORTIZ  
 328 MINORCA AVENUE 2ND FLOOR  
 CORAL GABLES FL 33134

75278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2600 DOUGLAS ROAD**

3. Mailing Address

**2600 DOUGLAS ROAD**

Suite, Apt. #, etc.

**PH 6**

Suite, Apt. #, etc.

**PH 6**

City & State

**CORAL GABLES, FL**

City & State

**CORAL GABLES, FL**

4. FEI Number

**65-1064093**

Applied For

Not Applicable

Zip  
**33134**

Country  
**USA**

Zip  
**33134**

Country  
**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTIZ, MICHAEL**  
**328 MINORCA AVENUE 2ND FLOOR**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name  
**ORTIZ, MICHAEL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2600 DOUGLAS ROAD**  
**PH 6**  
 City  
**CORAL GABLES, FL** Zip Code  
**33134**

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)* *(Signature)* *(Signature)* **4/20/01**  
Signature, typed or printed name of registered agent and date 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.

**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>Coiffman, Fanny</b>	
STREET ADDRESS	<b>10155 Collins Avenue, Unit 102</b>	
CITY-ST-ZIP	<b>Bal Harbour, FL 33154</b>	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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 employees.

SIGNATURE: *(Signature)* **Fanny Coiffman** **4/19/01** **(305)476-5270**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #