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May 24, 2002 8:00 am
Secretary of State

05-24-2002 91325 002 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01 00 00 44712

1. Entity Name

MRJ SANCHEZ, INC

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2. Principal Place of Business	3. Mailing Address
737-F 8th Ave W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PALMETTO FL	City & State
Zip: 34221 Country: USA	Zip Country

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4. FEI Number: 65-1099664 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: SANCHEZ, Jose

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

504 65th Ave Dr. W

City: BRADENTON FL Zip Code: 34205

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 [signature] 4.30.02

(Signature, typed or printed name of registered agent and, if applicable, the office held) (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) ☐

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	MARIA SANCHEZ
STREET ADDRESS	1705 4th Ave W
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	VICE PRES
NAME	JOSE SANCHEZ
STREET ADDRESS	504 65th Ave Dr. W.
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	SECRETARY
NAME	RAUL SANCHEZ
STREET ADDRESS	1705 4th Ave W
CITY-ST-ZIP	PALMETTO FL 34221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4.30.02

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING (OFFICER OR DIRECTOR) Date Daytime Phone #