2002

2004 UNIFORM BUSINESS REPORT (UBR

	TII OITIM DOG	INESS NEFO	o) in	DN)	May 27,	. 2002 8	:UU am	
DOCUMENT # P01000058202 1. Entity Name					Secretary of State 05-27-2002 90416 020 ***150.00			
SANDO	O & ASSOCIATES,	INC.			05-27-2002	90416 020 ***1	50.00	
Principal Place of Bus	iness	Mailing Address						
	NW 45 STREET AND PARK, FL 3330	1321 NW OAKLAND						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etĉ.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	. FEI Number 65-1119271	 	Applied For Not Applicable	
Zip Country		Zip Country			. Certificate of Status Desired	□ \$8.75 / Fee Requ	Additional	
6. Na	ame and Address of Current	Registered Agent			. Name and Address of New Ro	gistered Agent		
			Nar	ne				
SANDRA W. NELSON 1321 NW 45 STREET			Street Address		. Box Number is Not Acceptable)			
OAKL <i>i</i>	AND PARK, FL 333	309	City	,				
			Ony	City FL Zip Code			ode	
8. The above named e	entity submits this statement for	the purpose of changing its	registered office	ce or registered a	agent, or both, in the State of Flor	ida.		
ı	£			- ,				
SIGNATURE	pped or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent	signature required when	n reinstating)	DATE		
9 This corporation is	oligible to estisfy its later with-	CR C NOW!	U PPP 10 64	FO 00				
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After MAY 1, 2001					10. Election Campaign Fina	incing \$5	.00 May Be	
(See criteria on bac		Make Check Payab			Trust Fund Contribution		ed to Fees	
11.	OFFICERS AND I				ADDITIONS ISSUED TO SEE			
TITLE	PRESIDENT		12.		ADDITIONS/CHANGES TO OFFIC			
NAME	SANDRA W. NELSO	Delete	TITLE			☐ Change	Addition S	
STREET ADDRESS	1321 NW 45 STRE		NAME Street Addri	Ecc			(5	
CITY-ST-ZIP	OAKLAND PARK, F		CITY-ST-ZIP	133			Addition S	
TITLE NAME		☐ Delete	TITLE •			☐ Change		
STREET ADDRESS			NAME STREET ADDRI	eee l			-	
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AME			NAME]	
TREET ADDRESS			STREET ADDRE	ss				
11.1-31-41			CITY-ST-ZIP	,				

13. I hereby certify that the information supplied with this filling 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 his 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 efficiency of the corporation of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE:

4-30-02

FILED