## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 21, 2003 8:00 am Secretary of State

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02-05-2003 90118 022 \*\*\*150 0

		200000			02-05-200	3 90118 022 ***	130.00
DOCUMENT # P0100075686  1. Entity Name SALES INSTITUTE OF ORLANDO, INC							
Principal Place of Business  8087 CANYON LAKE CIR.  ORLANDO FL 32835  #280  ORLANDO FL 32835		2457A S HIAWASSEE RD #280	•				18:18 Bill 1881
Principal Place of Business     3. Mailing Address							181/1 11/1 1131
Suite, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.	le, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI !	4. FEI Number 59-3730828 Applied For Not Applicable		
Zip	Country		Country		ficate of Status Desired	\$8.75 Ad	ditional
	8. Name and Address of Current R	egistered Agent		-7. Nam	e and Address of New Reg		
			Name		- Line Float Control Trog	Stored Agent	
SANCHEZ JUAN C							
8087. CAN	IYON LAKE CIR. ) Fl. 32835	ว	Street A	Street Address (P.O. Box Number is Not Acceptable)			
OnLianeou	7 FL 32033		City	·		The Cod	
City 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. I am familiar with, and accept							
the above harned griting such his trie polipose of changing its registered diffice of registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.							
SIGNATURE : Signature, typed by printed narve of registered agent and Life if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e							
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May 8e  Trust Fund Contribution.   Added to Fees							
10.	OFFICERS AND DE	RECTORS	11.	ADDITI	ONS/CHANGES TO OFFICE	AS AND DIRECTORS	SIN 11
TITLE	PD	Delete	TITLE				
NAME	SANCHEZ, JUAN C		NAME	Bass C	ocsada Anyon LK	_ •	. 2
STREET ADDRESS	8087 CANYON LAKE CIR. ORLANDO FL 32835		STREET ADDRESS City-St-Zip			Dice	to 2
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TITLE		☐ Delete	TITLE			☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•		
12   bereby c	ertify that the information expedied with the	s filing does not qualify for the		Hin Section 440.0	7/2)/() Decide Out to the		
12. 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							

tre required

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: