## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # P01000104481 1. Entity Name SPHINX PROPERTIES, INC. 05-28-2002 91615 035 \*\*\*150.00 Principal Place of Business Mailing Address 18540 SW 88 RD 18540 SW 88 RD MIAM) FL 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Zip Country \$8.75 Additional Fee:Required ≅≾ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEST, SANDRA L Street Address (P.O. Box Number is Not Acceptable) John H Test. P.A. 8900 SW 117 AVE, STE B-105 **MIAMI FL 33186** 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. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition BARRIENTOS. NAME NAME STREET ADDRESS 18540 SW 88 RD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARRIENTOS, XIMENA NAME NAME STREET ADDRESS 18540 SW 88 RD STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33157** CITY-ST-7IP TITLE. Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME

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 withan address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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## SPAIRZ PROPERTOES DRS.

18540 SW 88 RD MIAMI, FL 33157 305-793-1357-- FAX 305-378-2080

5.10.02

To whom it may concern,

I am writing this letter to ask for a waiver of the late penalty. I was out of the country on a very serious family emergency and was unable to mail the check on the due date.

I realize that this was mailed earlier in the year bus as most small businesses we needed the cash until the last moment.

I have enclosed a copy of my boarding pass as proof that I was out of the country.

Thank You

ablo G Barrientos

President

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