FILED
May 12, 2003 8:00 am
Secretary of State

04-24-2003 90255 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # P02000034652

1. Entity Name
SANDSEND, INC.

Principal Place of Business	Mailing Address
C/O HOWARD E. KURZWEIL ESQ.	C/O HOWARD E. KURZWEIL ESQ.
2151 LE JEUNE ROAD, MEZZANINE	2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134	CORAL GABLES FL 33134

2. Principal Place of Business		3. Mailing Address	
C/O HOWARD E. KURZWEIL, ESQ		C/O HOWARD E. KURZWEIL, ESQ	
Suite, Apt. #, etc. 2600 Douglas Rd. Ste. 501		Suite, Apt. #, etc. 2600 Douglas Rd., Ste 501	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33134	Country	Zip 33134	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0655497 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KURZWEIL, HOWARD E ESQ.
2151 LE JEUNE ROAD, MEZZANINE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name: Kurzweil, Howard E. Esq.
Street Address (P.O. Box Number is Not Acceptable): 2600 Douglas Road, Ste. 501
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 18 April 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOOD, PAUL 812 ALMERIA AVENUE CORAL GABLES FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 18 April 2003 786 552 1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #