


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIO  
03 NOV 24 AM 9:46

DOCUMENT # PO2000071948  
1. Entity Name  
SANJER SERVICES, CORP



**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT** 03

2. Principal Place of Business  
8510 SW 149 AVE SUITE 1103 MIAMI FL 33193

3. Mailing Address  
8510 SW 149 AVE SUITE 1103 MIAMI FL 33193

7/28/03 DO NOT WRITE IN THIS SPACE  
90149 034 \$150.00

4. FEI Number  
010726566

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name HELVER, SANDRA  
Street Address (P.O. Box Number is Not Acceptable)  
8510 SW 149 AVE #1103  
City MIAMI FL Zip Code 33193

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] SANDRA Helver V.P. DATE 11/19/03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DPT ALGARBE, SERGIO H 8510 SW 149 AVE #1103 MIAMI FL 33193</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DVS HELVER, SANDRA 8510 SW 149 AVE #1103 MIAMI FL 33193</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: [Signature] SANDRA Helver V.P. DATE 11/19/03 (786) 229-4145

CR2E034B (12/02)

**SANSER SERVICES, CORP.**

**8510 SW 149 Avenue, #1103**

**Miami, Florida 33193**

November 19, 2003

Florida Department of State  
PO Box 6327  
Tallahassee, Florida 32314

Att: Reinstatement Section  
Ms Eula Peterson

Reference Number: P02000071948

Dear Ms Peterson:

Please be advised that we never received our first or second 2003 UBR report form.

Kindly waive the \$600.00 reinstatement fee and reinstate our account as soon as possible.

Your assistance and cooperation is appreciated.

Thank you.

Sincerely,



Sandra Helver  
Vice-President

Enclosure