

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90329 031 ***550.00

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DOCUMENT # P02000125278

1. Entity Name
AMSANZ CORPORATION



Principal Place of Business
**4521 107 CIRCLE NORTH
UNIT 3
CLEARWATER FL 33762**

Mailing Address
**4521 107 CIRCLE NORTH
UNIT 3
CLEARWATER FL 33762**



2. Principal Place of Business

**(FLORIDA)
Unit #3**

3. Mailing Address

**4521 107th Cir N
Unit #3**

☐ CHECK HERE IF MAKING CHANGES

City & State

Clearwater

City & State

Clearwater FL

4. FEI Number

04-3733007

Applied For

Not Applicable

Zip

33762 Pinellas

Country

Zip

33762 Pinellas

Country

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

6. Name and Address of Current Registered Agent

**SANZ, AMALIA
4521 107 CIRCLE NORTH
UNIT 3
CLEARWATER FL 33762**

7. Name and Address of New Registered Agent

Name
Amalia Sanz
Street Address (P.O. Box Number is Not Acceptable)
**5880 88th Terr N
City Pinellas Park FL 33782**

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

Amalia Sanz
Signature, typed or printed name of registered agent and title if applicable.

Amalia Sanz
Registered Agent signature required when reinstating.

DATE
7-8-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SANZ, AMALIA
5280 88 TERR NORTH
PINELLA PARK FL 33782** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Diana Sanz
5835 Springwood Blvd
Pinellas Park FL 33782** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ruberto Sanz
4521 107th Cir N
Clearwater FL 33762** ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-8-03 573-7730

CR2E034 (4/03)