

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90025 021 ***150.00

DOCUMENT # P93000018170

1. Entity Name

SEBANDRES, INC.

Principal Place of Business

Mailing Address

~~2400 CORAL WAY~~
~~MIAMI FL 33145~~

~~2400 CORAL WAY~~
~~MIAMI FL 33145~~

2. Principal Place of Business

2600 SW 3rd Avenue

3. Mailing Address

2600 SW 3rd Avenue

Suite, Apt. #, etc.

Suite 850

Suite, Apt. #, etc.

Suite 850

City & State

Miami, Florida 33129

City & State

Miami, Florida

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

65-0522248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name **MARIA G. ORDINOLA**

Street Address (P.O. Box Number is Not Acceptable)

2600 S.W. 3rd Avenue, Suite 850

City

MIAMI

FL

Zip Code

33129

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

Maria G. Ordinola

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

(NOTE: Registered Agent signature required when reinstating)

2/15/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **GOMEZ, PABLO**
STREET ADDRESS **2600 S.W. 3RD AVE., SUITE 850**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **ST** ☒ Delete
NAME **TORRES, OMAR**
STREET ADDRESS **2600 S.W. 3RD AVE., SUITE 850**
CITY-ST-ZIP **MIAMI FL**

TITLE **ST** ☐ Change ☒ Addition
NAME **GOMEZ, PABLO**
STREET ADDRESS **2600 S.W. 3rd AVE., SUITE 850**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

Date

(305) 856-5627

Daytime Phone #

CR2E034 (9/99)