2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91598 035 ***150.00

DOCUMENT # P93000069988

1. Entity Name
SANDIAZ INVESTMENT, INC.

Principal Place of Business	Mailing Address
2701 S.W. THIRD AVE. MIAMI FL 33129	2701 S.W. THIRD AVE. MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3127 Ponce de Leon	3127 Poncede Leon Blvd
Suite, Apt. #, etc. Blvd	Suite, Apt. #, etc.
City & State Coral Gables FL	City & State Coral Gables FL
Zip 33134 Country USA	Zip 33134 Country USA

4. FEI Number 65-0441002 ☐ 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
DIAZ, RICHARD J 2701 SW 3RD AVENUE MIAMI FL 33129	Name Street Address (P.O. Box Number is Not Acceptable) 3127 Ponce de Leon Blvd 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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DP SANTISTEBAN, ANA M 2701 S.W. 3RD AVE. MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3127 Ponce de Leon Blvd Coral Gables FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DIAZ, RICHARD J 2701 S.W. 3RD AVE. MIAMI FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3127 Poncedeleon Blvd Coral Gables FL 33134	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

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 REQUIRED 4-17-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)