

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000087041

1. Entity Name

SANDERS CONSULTANTS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90024 005 ***150.00

Principal Place of Business

2333 BRICKELL AVE.
TERRACE F
MIAMI FL 33129

Mailing Address

2333 BRICKELL AVE.
TERRACE F
MIAMI FL 33129

2. Principal Place of Business

2333 BRICKELL Ave

3. Mailing Address

2333 BRICKELL Ave

Suite, Apt. #, etc.

Terrace F

Suite, Apt. #, etc.

Terrace F

City & State

MIAMI, FL

City & State

MIAMI FL

Zip

33129

Country

DADE

Zip

33129

Country

DADE



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0456461

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOBIN, DAVID M ESQ.
4555 ADAMS AVE.
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

PATRICIA S ASTACIO

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

2333 BRICKELL Ave Terrace F

City

MIAMI

FL

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

Patricia S Astacio
PATRICIA S ASTACIO

PRESIDENT-DIRECTOR

4-12-01

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, 2001 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	ASTACIO, PATRICIA S	
STREET ADDRESS	2333 BRICKELL AVE., TERRACE F	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SANDERS, EVELYN	
STREET ADDRESS	2333 BRICKELL AVE., TERRACE F	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOBIN, DAVID M	
STREET ADDRESS	4555 ADAMS AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Patricia S Astacio
PATRICIA S ASTACIO

Date

4-12-01 305-5390392

Daytime Phone #

CR2E034 (10/00)