

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000006919

1. Entity Name  
**SANCHEZ ARANGO CONSTRUCTION CO.**

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**  
 03-02-2000 90190 026 \*\*\*150.00

Principal Place of Business  
 1321 SW 14TH AVENUE  
 MIAMI FL 33145

Mailing Address  
 1321 SW 14TH AVENUE  
 MIAMI FL 33145-1539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3700 SW 139 PLACE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 770010**  
 Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**  
 Zip  
**33175**

Country  
**U.S.A.**

City & State  
**MIAMI FL.**  
 Zip  
**33177**

Country  
**U.S.A.**

4. FEI Number **65-0549881**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**SANCHEZ, ROUGET**  
**1321 SW 14TH AVENUE**  
**MIAMI FL 33145**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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  **ROUGET SANCHEZ, PRESIDENT** **15 FEB 00**  
 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, 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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>PD SANCHEZ, ROUGET</b>
STREET ADDRESS	<b>1321 SW 14TH AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VP ARANGO, LAZARO</b>
STREET ADDRESS	<b>14265 S.W. 47 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33175</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESIDENT ROUGET SANCHEZ</b>
STREET ADDRESS	<b>1</b>
CITY-ST-ZIP	<b>MIAMI, FL 33177</b>
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	

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 reports 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:  **ROUGET SANCHEZ 2** **2/15/00** **(305) 229-8300**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)