

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90446 033 ***550.00

DOCUMENT # **P95000074109**

1. Entity Name

SANDOVAL INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1103 BANKS ROSE CT

Suite, Apt. #, etc.

3. Mailing Address

1103 BANKS ROSE CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CELEBRATION FL.

City & State

CELEBRATION FL.

4. FEI Number

59-3352920

Applied For

Not Applicable

Zip

Country

34747

Zip

Country

34747

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MAURICIO SANDOVAL

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

1103 BANKS ROSE CT.

City

CELEBRATION

FL

Zip Code

34747

**DO NOT WRITE
IN THIS SPACE**

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, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

06/14/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MAURICIO R. SANDOVAL 1103 BANKS ROSE CT. CELEBRATION FL. 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LUCIA SANDOVAL 1103 BANKS ROSE CT. CELEBRATION FL. 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/14/02

Date

(321) 939-0022

Daytime Phone #