## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000091834

1. Entity Name

SAND JETS, INC.

## FILED Feb 05, 2000 8:00 am Secretary of State

### Mailing Address ### ### ### ### ### #### #### ########	J					02-05-200	00 90017 039	***150.	00	
HOLLYWOOD FL 3019   HOLLYWOOD FL 3019 1907    2. Principal Place of Business   Sute, Apt. #, etc.   Sute, Apt. #, etc.   Cov. No. The State   Applied For No.	Principal Plac	e of Business	Mailing Address							
Suite, Apt #, etc.  Suite, Apt #, etc.  City & State  City	· · ·		HOLLYWOOD FL 33019-1907							
City & State  City & State  Country  Zip  Country  S. Certifican of Status Desired  S. Certifican of Status Desired  S. S. 75 Address  S. Certifican of Status Desired  S. S. 75 Address  S. Certifican of Status Desired  S. S. 75 Address  S. Certifican of Status Desired  S. S. 75 Address  S. Certifican of Status Desired  S. S. 75 Address  S. Certifican of Status Desired  S. S. 75 Address  S. Certifican of Status Desired  S. Certifican of Status Desired  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  S. Certifican of Status Desired  S. Chill LING, EVA  90. ADAMS ST.  FT. LAUDERDALE FL 33019  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered direc or registered agent, or both, in the State of Fronce.  S. CONATURE  S	2. Principal Place of Business		3. Mailing Address							
Zip Country Zip Country 5. Certificate of Status Desired   \$8.75 Additional   From Required	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO	NOT WRITE IN TH	IIS SPACE		
SCHILLING, EVA 900 ADAMS ST. FT. LAUDERDALE FL 33019  8. This above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida.  SIGNATURE    Symbol	City & State	9	City & State			4. FEI Number 65-0	)632564			
SCHILLING, EVA 900 ADAMS ST. FT. LAUDERDALE FL 33019  8. The above named entity submits this statement for the purpose of changing its registered agrent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible (See ortifling requirement and elects to do so.   Make Check Payable for Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. Election Campaign Financing Addition of Change Addition to Payable for Department of State  16. Election Campaign Financing Addition of Change Additio	Zip	Country	Zip Country							
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SOLADANS ST. FT. LAUDERDALE FL 33019  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. 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  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  (See criteria or back)  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 11  TITLE  SCHILLING, EVA SIREET ADMISSS CITY-S1-ZIP  THE DIRECTORS STATE  OPERED Delete  TITLE  ORMAN SIREET ADMISSS CITY-S1-ZIP  THE DIRECTORS  CITY-S1-ZIP  CREATED ADMISS  CITY-S1-ZIP  CREATED ADMISS  CITY-S1-ZIP  CREATED ADMISS  CITY-S1-ZIP  Delete  THE DIRECTORS  CITY-S1-ZIP  CREATED ADMISS			Name							
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 tools in applicable.   (NOTE Registered Agent Equation Registered Regist	900	ADAMS ST.	Street Addre		Street Address (P.	O. Box Number is Not A	oceptable)			
STRET ADDRESS CITY-ST-2P  TITLE    Change   Delete   Dele	FT. L	AUDERDALE FL 33019								
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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 eddress; with a bit of like empowered. 920-1001

SIGNATURE

Eva Schilling