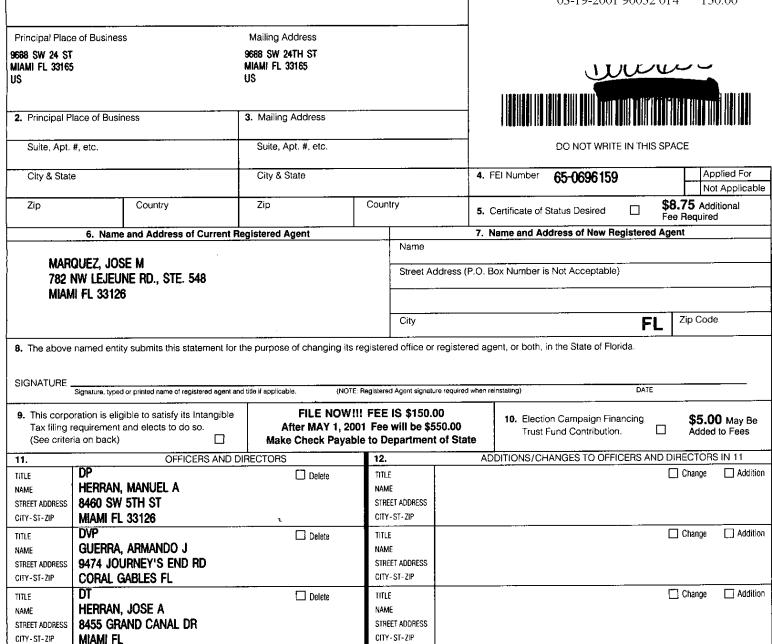
## . 2001 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000078331 1. Entity Name SHERIDAN ENTERPRISES, INC.



## **FILED** Mar 19, 2001 8:00 am Secretary of State

03-19-2001 90052 014 \*\*\*150.00



								· · · · · · · · · · · · · · · · · · ·
Zip	Country	Zip	Country		5. Certificate of Status Desired			
	6. Name and Address of Current I	Registered Agent		7. N	ame and Address of New Regi	stered Aç	ent	
			Name					
MARQUEZ, JOSE M 782 NW LEJEUNE RD., STE. 548 MIAMI FL 33126			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
MINAN	11 FL 33120							
			City			FL	Zip Code	!
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office or r	egistered age	ent, or both, in the State of Florid	a.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if emplicable /NOTE	Registered Agent signature	required when rei	nstating)	DATE		
	Signature, typed or printed name or registered agent a	ind the it applicable. (1401E.		Todos ou miorita				
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	After MAY 1, 200		0.00	<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing		May Be to Fees
(See criter	ia on back)	Make Check Payabl		1				
11.	OFFICERS AND		12.	ADI	DITIONS/CHANGES TO OFFICE			
TITLE	DP	☐ Delete	TITLE				Change	☐ Addition
NAME	HERRAN, MANUEL A		NAME					
STREET ADDRESS	8460 SW 5TH ST		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33126	<u> </u>	CITY-ST-ZIP					
TITLE	DVP	☐ Delete	TITLE			ļ	☐ Change	Addition
NAME	GUERRA, ARMANDO J		NAME					
STREET ADDRESS	9474 JOURNEY'S END RD		STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES FL		CITY-ST-ZIP					
TITLE	DT	Delete	TIFLE			ļ	Change	☐ Addition
NAME	HERRAN, JOSE A		NAME					
STREET ADDRESS	8455 GRAND CANAL DR		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	4.07				
TITLE	DS	☐ Delete	TITLE			Į	Change	☐ Addition
NAME	VALDES, DANIEL R		NAME					
STREET ADDRESS	9755 SW 62 ST		STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		•	CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
12 I boroby	cartify that the information supplied with	this filing does not qualify for t	the exemption state	d in Section 1	19 07(3)(i) Florida Statutes   fu	rther certif	v that the in	formation

reflectly certally that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. Further certainty that the information indicated on this report or suppliemental 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERRAN DI