

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000085603

FILED  
Sep 11, 2002  
Secretary of State

Entity Name: GUSTAVO A SANCHEZ & ASSOCIATES CO.

**Current Principal Place of Business:**

650 SW 167 WAY  
PEMBROKE PINES, FL 33027 US

**New Principal Place of Business:**

1544 NW 158 AVE  
PEMBROKE PINES, FL 33028 US

**Current Mailing Address:**

650 SW 167 WAY  
PEMBROKE PINES, FL 33027 US

**New Mailing Address:**

1544 NW 158 AVE  
PEMBROKE PINES, FL 33028 US

FEI Number: 65-0709129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANCHEZ, GUSTAVO A  
650 SW 167 WAY  
PEMBROKE PINES, FL 33027 US

**Name and Address of New Registered Agent:**

SANCHEZ, GUSTAVO A  
1544 NW 158 AVE  
PEMBROKE PINES, FL 33028 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

09/11/2002

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SANCHEZ, GUSTAVO A  
Address: 650 SW 167 WAY  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SANCHEZ, GUSTAVO A  
Address: 1544 NW 158 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO A SANCHEZ

PD

09/11/2002

Electronic Signature of Signing Officer or Director

Date