

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

947 0000 24028
SAN SEBASTIAN SERVICES, INC

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90190 015 ***150.00

Principal Place of Business

Mailing Address

↓

B0065536

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10201 HAMMOCKS BLVD

3. Mailing Address

10201 HAMMOCKS BLVD

Suite, Apt. #, etc.

#153-125

City & State

MIAMI, FL

Zip

33196

Country

USA

Zip

33196

Country

USA

City & State

MIAMI, FL

Zip

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Country

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Country

USA

City & State

MIAMI, FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-2000

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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLENE GONZALEZ-PARDO
STREET ADDRESS	P.T.S.
CITY-ST-ZIP	10201 HAMMOCKS BLVD #153-125 MIAMI FL 33196
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP OFELIA MARTINEZ
STREET ADDRESS	10201 HAMMOCKS BLVD #153-125
CITY-ST-ZIP	MIAMI FL 33196
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
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLENE GONZALEZ-PARDO, PRES. FOR SAN SEBASTIAN SERVICES
4/5/2000 305-984-0000

CR2E034 (9/99)