**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

DOCUMENT # P9700053911  1. Entity Name SANHER CORPORATION					Feb 07, 2002 8:00 am Secretary of State 02-07-2002 90025 018 ***150.00				30%A AV
Principal Place of Business  10600 NW SOUTH RIVER DR MEDLEY FL 33178		Mailing Address 10600 NW SOUTH RIVER DR MEDLEY FL 33178			1 (88)/88) 315 (8)/1 148/1 40/1 40/1	1 <b>22</b> () <b>1 20) 1</b>	E 9108 (B18)	11581 1151 1 <b>28</b> 1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 65-0761845			oplied For of Applicable	]
Zip Country		Zip Country			5. Certificate of Status Desired		8.75 Add	ditional	1
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New R		•		1
HERNANDEZ, AMADO D 10600 NW SOUTH RIVER DR MEDLEY FL 33178				Name Street Address (P	.O. Box Number is Not Acceptable	)			- - - -
	-		C	City		FL	Zip Cod	е	1
Tax filing (See crite	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so, uria on back)	FILE NOW!!! F After May 1, 2002 Make Check Payable t	FEE IS Fee will	be \$550.00	10. Election Campaign Fina			<b>0</b> May Be	
11.	OFFICERS AND D	RECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND D	RECTOR	S IN 11	]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, AMADO D 2650 \$ 72 PLACE HIALEAH FL 33016	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	] Change	☐ Addition	72E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, LEIDY 2650 S 72 PLACE HIALEAH FL 33016	☐ Delete	TITLE NAME STREET AD CITY-ST-2				Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SANCHEZ, RODOLFO 10780 SW 67 DRIVE MIAMI FL 33173	☐ Delete TITI NAM STR		DRESS			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANCHEZ, ANAVELA 10780 SW 67 DRIVE MIAMI FL 33173	□ Delete	TITLE NAME STREET AD CITY-ST-Z	I			] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	Į.			] Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	IP			] Change	☐ Addition	
<ol> <li>I hereby of indicated of the corchanged,</li> </ol>	pertify that the information supplied with the on this report or supplemental eport is treporation or the receiver of trustee empore or on an attachment with an address with the control of the control	is filing does not qualify for the ue and accurate and that my si- graph to execute this report as re n all other like empoyered.	exemption ignature sequired b	on stated in Secti shall have the sai by Chapter 607, F	ion 119.07(3)(i), Florida Statutes. I me legal effect as if made under or Florida Statutes; and that my name	urther certify ath; that I am a appears in Bl	that the in an officer ock 11 or	formation or director Block 12 if	:

eidyHernandez VP. 1