

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 12, 2004 8:00 am
Secretary of State

08-12-2004 90001 042 ***150.00

DOCUMENT # P97000081702

1. Entity Name

SANFIEL SEP TECH SERVICES, INC.



Principal Place of Business

239 TALL PINES ROAD
WEST PALM BEACH FL 33413

Mailing Address

239 TALL PINES ROAD
WEST PALM BEACH FL 33413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0786220

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANFIEL, NOEL A
13842 76TH ROAD N
W PALM BEACH FL 33412

Name

Street Address (P.O. Box Number is Not Acceptable)

13842 76 RD NORTH

City

W.P.B.

FL

Zip Code

33412

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/9/04

DATE

FILE NOW!!! FEE IS \$150.00

SEPT After 9/1/2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

5607.193 F.S.
WAIVER OF 400.00
DID NOT RECEIVE PRIOR
FEE TO FILE AS DARTIC

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SANFIEL, NOEL A	
STREET ADDRESS	13842 76TH ROAD NORTH	
CITY-ST-ZIP	W PALM BEACH FL 33412	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANFIEL, LUISA	
STREET ADDRESS	13842 76 RD. NORTH	
CITY-ST-ZIP	W.P.B. FL 33412	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date

Daytime Phone #

8/9/04 561-434-4171