

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015412

1. Entity Name

SANDY TOES, CORP.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90067 014 ***150.00

Principal Place of Business

4740 S.W. 42ND TERRACE
FORT LAUDERDALE FL 33314

Mailing Address

4740 S.W. 42ND TERRACE
FORT LAUDERDALE FL 33314-4718

2. Principal Place of Business

460 NE 191 ST

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

Country

33179

USA

4. FEI Number

65-0811865

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, SANTOS
4740 S.W. 42ND TERRACE
FORT LAUDERDALE FL 33314

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 P
NAME GOMEZ, SANTOS
STREET ADDRESS 4740 S.W. 42ND TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33314

☐ Delete

TITLE
NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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

Date

Daytime Phone #

4/5/00

305-681-4646

CR2E034 (9/99)