

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000036028**

1. Entity Name

SANFORD PROPERTIES, INC.**FILED**
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90080 035 ***150.00

Principal Place of Business

107 1/2 S MAGNOLIA AVE
SANFORD FL 32771

Mailing Address

107 1/2 S MAGNOLIA AVE
SANFORD FL 32771-1319

2. Principal Place of Business

114 W. 2nd St

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sanford Fla.

City & State

4. FEI Number

59-3507377

Applied For

Not Applicable

Zip

32771

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

YOSEFIAN, RAMI
107 1/2 S MAGNOLIA AVE
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

RAMI YOSEFIAN

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

114 W. 2nd St.

City

Sanford

FL

Zip Code

32771

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

1-20-00

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS YOSEFIAN, RAMI
CITY-ST-ZIP 107 1/2 S MAGNOLIA AVE
SANFORD FL 32771TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

1-20-00

Daytime Phone #

407-324-2044