

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90312 044 \*\*\*150.00

0095435

**DOCUMENT # P98000040931**

1. Entity Name  
**MANUEL SANCHEZ, P.A.**

Principal Place of Business      Mailing Address  
**225 EAST 40TH STREET**      **225 EAST 40TH STREET**  
**HIALEAH FL 33013**                      **HIALEAH FL 33013**

2. Principal Place of Business      3. Mailing Address  
**5385 W. 20<sup>th</sup> AVE**                      **5385 W. 20<sup>th</sup> AVE.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State  
**Hialeah Fla.**                      **Hialeah Fla.**  
 Zip      Country      Zip      Country  
**33012**      **USA.**                      **33012**      **USA.**

4. FEI Number      Applied For  
**65-0834768**                       Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SANCHEZ, MANUEL**  
**225 EAST 40TH STREET**  
**HIALEAH FL 33013**

7. Name and Address of New Registered Agent  
 Name **MANUEL SANCHEZ, P.A.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5385 WEST 20<sup>th</sup> AVE.**  
 City **Hialeah**      FL      Zip Code **33012**

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, 2001 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SANCHEZ, MANUEL</b>	
STREET ADDRESS	<b>225 EAST 40TH STREET</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SANCHEZ, CLARA ALICIA</b>	
STREET ADDRESS	<b>225 E 40TH ST</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>	
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		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, MANUEL</b>	
STREET ADDRESS	<b>5385 WEST 20<sup>th</sup> AVE</b>	
CITY-ST-ZIP	<b>Hialeah, FL. 33012</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANCHEZ, CLARA ALICIA</b>	
STREET ADDRESS	<b>5385 WEST 20<sup>th</sup> AVE</b>	
CITY-ST-ZIP	<b>HIALEAH, FL. 33012</b>	
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		

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]**      Date **03-07-2001**      Daytime Phone # **(305) 698-1215**

CR2E034 (10/00)