2001	UNIFORM	BUSINESS	REPORT (UBR
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SIGNATURE:

2001 UNIFORM BUSI	ME22 KEPU	KI (UBH	()	, * * * * * * * * * * * * * * * * * * *				
DOCUMENT # P9800	0060505		FILED					
FLORIDA SANITAS, INC.								
				01 DEC 27 PM 1:	46			
Principal Place of Business	Mailing Address 200 SE FIRST STREET		di.	SECRETARY OF STATALLAHASSEE, FLOR	TE.			
7724 NW 64TH STREET MIAMI FL 33166	SUITE 602		NA.	TÄLLÄHASSEE, FLOH	IIDA			
US	MIAMI FL 33131				8818 SUN 8818 918 3 5			
2. Principal Place of Business								
200 SE 1st. Street 200 SE 1st Suite, Apt. #, etc. Suite, Apt. #, etc.		Street		einstatement.	2001			
Suite 602 Suite 60								
City & State Miami, Fl. 33131	City & State Miami, Fl. 33131		4.	65-0872903	Applied For Not Applicable			
7io Country	^{Zip} 33131	Country	5. +		.75 Additional Required			
6. Name and Address of Current	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
- ARVESU, MANUEL M →				o Villafane				
2121 PONCE DE LEON BLVD, SUITE 920-	Street Aq	t Address (P.O. Box Number is Not Acceptable) 200 SE 1st Street Ste 602						
CORAL GABLES FL 33134			•					
City Miami, Fl. 33131 FL Zip Code 33131								
8. The above named surps both statement for	the purpose of changing its r	egistered office or	registered ag	gent, or both, in the State of Florida.	1			
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				V1Z/Z4	101			
Signature, hood or printed them at resistered agent a	and title if applicable. (NOTE:	Registered Agent signatu	re required when r	einstating) DATE				
9. This corporation is eligible to salsfy jit Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be								
Tax filing requirement and elected to do so. (See criteria on back) After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State Trust Fund Contribution.					Added to Fees			
11. OFFICERS AND		12.	ΑC	DDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11 Change			
TITLE P NAME HARB, FRANK	☐ Delete	TITLE NAME	•					
STREET ADDRESS 7724 NW 64TH STREET. CITY-ST-ZIP MIAMI-FL 33166		STREET ADDRESS CITY-ST-ZIP	200	4MI FL 3313/	ere loz			
1171E - 100	Delete	TITLE	//		Change Addition			
NAME DEL CASTILLO, JOSE MARIA		NAME STREET ADDRESS						
STREET ADDRESS - 7724 NW 64TH STREET- CITY-ST-ZIP - MIAMI FL 33166		, CITY-ST-ZIP		6000048802	361			
MANE DE VALDENERDO CLADA E C	Delete	TITLE		=02/05/02=-018 ****750.00 *	Change 1011 Addition			
NAME STREET ADDRESS DE VALDENEBRO, CLARA E. G. 7724 NW 64TH STREET	•	STREET ADDRESS						
CITY-ST-ZIP - MIAMI FL 33166	☐ Delete	CITY-ST-ZIP		₩	Change Addition			
THILE T NAME MILLAN, EDGAR M	L.I Delete	NAME	MEDI	NA, EDGAR M.	Change			
STREET ADDRESS -7724 NW-64TH-STREET CITY-ST-ZIP -MIAMI-FL-33166		STREET ADDRESS CITY-ST-ZIP	200	NA, EDGARM. SE IST STREET S AMI FL 38131	TEGU			
TITLE	☐ Delete	TITLE	VP		Change · Addition			
NAME STREET ADDRESS			Gerardo Villafane 200 SE 1st. Street Ste 602					
CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		, Fl. 33131				
TITLE NAME	☐ Delete	TITLE NAME	`		Change Addition			
STREET ADDRESS		STREET ADDRESS		1.4				
CITY-ST-ZIP	this littrations not qualify for	the exemption state	ed in Section		that the information			
13. I hereby certify that the information stip net with this killing troes 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 acquirate 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 function of the receiver or function of the corporation or the receiver or function or the receiver or function of the corporation or the receiver or function of the corporation or the receiver or function of the corporation or the receiver or function or								

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