

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90080 039 ***150.00

DOCUMENT # P98000073001

1. Entity Name
A & J SANCHEZ PHONE CARD CORP.

Principal Place of Business

**7400 WEST 20TH AVENUE
 APARTMENT 210
 HIALEAH FL 33016**

Mailing Address

**7400 WEST 20TH AVENUE
 APARTMENT 210
 HIALEAH FL 33016**

2. Principal Place of Business

8323 NW 195 Terr
 Suite, Apt. #, etc.

3. Mailing Address

8323 NW 195 Terr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami Lake FL
 Zip **33015** Country **USA**

City & State

Miami Florida
 Zip **33015** Country **USA**

4. FEI Number

65-0858913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SANCHEZ, JULIAN
 7400 WEST 20TH AVENUE
 APARTMENT 210
 HIALEAH FL 33016**

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

Julian M. Sanchez

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, 2002 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 **PD** ☐ Delete
 NAME **SANCHEZ, JULIAN**
 STREET ADDRESS **7400 WEST 20TH AVENUE, APT: 210**
 CITY-ST-ZIP **HIALEAH FL 33016**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **8323 NW 195th Terr.**
 CITY-ST-ZIP **Miami FL 33015**

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

TITLE ☐ Change ☐ Addition
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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:

Julian M. Sanchez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02
 Date

305-829-0807
 Daytime Phone #

CR2E034 (9/01)