FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 03, 2001 8:00 am DOCUMENT # P98000076089 Secretary of State SANDTON HOLDINGS, INC. 05-03-2001 90068 031 ***150.00 Principal Place of Business Mailing Address 600 VIA LUGANO CIRCLE #207 600 VIA LUGANO CIRCLE #207 **BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** Principal Place of Business Mailing Address OO VIA LUGANO GRCU 400 VIA LUGANO CIRCLE Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0871571 WON-BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARAIS, ANDRE Street Address (P.O. Box Number is Not Acceptable) 6649 SOMERSET DR.,#203 **BOCA RATON FL 33433** City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 -10.-Election Campaign Financing -\$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DΩ TITLE ☐ Delete NAME MARAIS, ANDRE NAME VIA LUGANO CIRCLE # 202 INTON BEACH FL 33436 STREET ADDRESS STREET ADDRESS 600 VIA LUGANO CIRCLE #207 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** TITLE ☐ Delete TITLE MARAIS, CHRISTIAAN H 400 VIA LUGANO CIRCLE #200 STREET ADDRESS STREET ADDRESS 600 VIA LUGANO CIRCLE #207 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Detete: TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 used empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the receiver or the receiver of the second of the corporation of the receiver or the second of the corporation of the receiver or the second of the sec changed, or on an attachment w