

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90178 010 \*\*\*150.00

**DOCUMENT # P98000076089**

**1. Entity Name**  
**SANDTON HOLDINGS, INC.**

**Principal Place of Business**

**400 VIA LUGANO CIRCLE  
 #202  
 BOYNTON BEACH FL 33436**

**Mailing Address**

**400 VIA LUGANO CIRCLE  
 #202  
 BOYNTON BEACH FL 33436**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**65-0871571**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

**6. Name and Address of Current Registered Agent**

**MARAIS, ANDRE  
 6649 SOMERSET DR., #203  
 BOCA RATON FL 33433**

**7. Name and Address of New Registered Agent**

Name **ANDRE MARAIS**

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

**400 VIA LUGANO CIRCLE #202**

City **BOYNTON BEACH**

**FL**

Zip Code **33436**

**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)**

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**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**  
**NAME MARAIS, ANDRE**  
**STREET ADDRESS 400 VIA LUGANO CIRCLE #202**  
**CITY-ST-ZIP BOYNTON BEACH FL 33436**

☐ Delete

**TITLE D**  
**NAME MARAIS, CHRISTIAAN H**  
**STREET ADDRESS 400 VIA LUGANO CIRCLE #202**  
**CITY-ST-ZIP BOYNTON BEACH FL 33436**

☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
**NAME**  
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☐ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**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

Daytime Phone #

CR2E034 (9/01)