

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90030 027 ***150.00

C0069893



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000085414

1. Entity Name

SANYUTZ & URBAN, INC.

Principal Place of Business

Mailing Address

~~6820 Benjamin Rd~~
~~Tampa, FL 33634~~
 6820 Benjamin Rd
 Tampa, FL 33634

POST OFFICE BOX 260455
 TAMPA FL 33685-0401

2. Principal Place of Business

3. Mailing Address

6820 Benjamin Rd
 Suite, Apt. #, etc.

P.O. Box 260455
 Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3531793

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~AMERILAWYER-~~
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Angela Urban

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

9329 Tiffany Terrace

City

Tampa

FL

Zip Code

33610

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

Angela Urban

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PTD | <input type="checkbox"/> Delete |
| NAME | GONZALEZ, LUIS A | |
| STREET ADDRESS | 9602 BATTENWOOD COURT | |
| CITY-ST-ZIP | TAMPA FL 33615 | |
| TITLE | SVD | <input type="checkbox"/> Delete |
| NAME | URBAN, ANGELA R | |
| STREET ADDRESS | 9602 BATTENWOOD COURT | |
| CITY-ST-ZIP | TAMPA FL 33615 | |
| 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 | | |

| | | |
|----------------|------------------|--|
| TITLE | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Gonzalez, Luis | |
| STREET ADDRESS | 6820 Benjamin Rd | |
| CITY-ST-ZIP | Tampa, FL 33634 | |
| TITLE | SVD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Urban, Angela R | |
| STREET ADDRESS | 6820 Benjamin Rd | |
| CITY-ST-ZIP | Tampa, FL 33634 | |
| 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 | | |
| 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:

Angela Urban
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(813) 806-1639

CR2E034 (9/99)