

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90105 019 ***150.00

DOCUMENT # P98000100324

1. Entity Name

SANDOKAN, INC.

Principal Place of Business

14204 SW 163 TR
MIAMI FL 33177

Mailing Address

14204 SW 163 TR
MIAMI FL 33177

2. Principal Place of Business

3. Mailing Address

7787 SW 86 ST
Suite, Apt. #, etc.
E-401

7787 SW 86 ST
Suite, Apt. #, etc.
E-401

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33143

Country

Zip

33143

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, TOMAS E
14204 SW 163RD TERRACE
MIAMI FL 33177

7. Name and Address of New Registered Agent

Name

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

7787 SW 86 ST, E-401

City

MIAMI

FL

Zip Code

33143

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) ☐

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

TITLE P
NAME RODRIGUEZ, TOMAS E
STREET ADDRESS 14204 SW 163RD TR
CITY-ST-ZIP MIAMI FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/S/T
NAME
STREET ADDRESS 7787 SW 86 ST, E-401
CITY-ST-ZIP MIAMI FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
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 of 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

TOMAS E RODRIGUEZ-PRES 04/21/00

Date

Daytime Phone #