2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2002 8:00 am Secretary of State **DOCUMENT #** P99000045141 1. Entity Name SANDMILL HOLDINGS I, INC. 05-07-2002 90095 001 ***450.00 Principal Place of Business Mailing Address 901 PONCE DE LEON BLVD. 901 PONCE DE LEON BLVD. SUITE #601 SUITE #601 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 65-1012535 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEGREDO, FRANK J ESQ. Street Address (P.O. Box Number is Not Acceptable) 901 PONCE DE LEON BLVD. **SUITE #601** CORAL GABLES FL 33134 City 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 Signature, typed of (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, 🦯 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE . ☐ Delete TITLE ☐ Change ☐ Addition FARAJ, JORGE ALBERTO NAME NAME 6902 N.W. 111TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change. . 🔲 Addition NAME FARAJ, JORGE JUAN NAME STREET ADDRESS 6902 N.W. 111TH AVENUE STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME FARAJ, LILY STREET ADDRESS 6902 N.W. 111TH AVENUE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33178** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FARAJ, MARIO ROBERTO NAME NAME 6902 N.W. 111TH AVENUE STREET ADDRESS STREET ADDRESS **MIAMI FL 33178** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

MKE KKQ(SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER

Daytime Phone #