2000 UNIFORM BUSINESS REPÖRT (UBR)

| DOCU | MENT # P99000 | 048299 | | | | | | |
|---|--|---------------------------------------|-------------------------------|---|---|----------------------|-----------------------|--|
| 1. Entity Name SANCHEZ HEAVY EQUIPMENT INC | | | | } | FILED ' | | | |
| O/JIVI IE | LE TIEMY I EGON WILLIEF INC | , | | | 00 MAR 16 PM 4 | • 02 | | |
| Principal Plac | ce of Business | Mailing Address | Mailing Address | | 00 HAIN TO TH 4- UZ | | | |
| 641 N. 69 TERR. | | 641 N, 69 TERR. | | { - | SECRETARY OF ST | ATE | | |
| HOLLYWOOD FL 33024 | | HOLLYWOOD FL 33024-7431 | | ĺ | TALLAHASSEE, FLO | JRIDA | • | |
| ı | | | • | ļ | A HORRICAL HIN HOUR LOVEL ADMIN DOWN BOWN ADMIN | ardar ibrea erden et | nek ikir ikki | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | |
| City & Chate | | City & State | | | 4. FEI Number , Applied For | | | |
| City & State | | City & State | | | 65-0915154 | | ot Applicati | |
| Zip | Country . | Zip | Country | 5 | 5. Certificate of Status Desired | \$8.75 Ad | ditional | |
| | 6. Name and Address of Curren | nt Registered Agent | | 7 | . Name and Address of New Registers | • | | |
| | | | | | | | ~ | |
| SANCHEZ, HERIBERTO 641 N. 69 TERR. | | | Street / | Address (P.O | . Box Number is Not Acceptable) | | | |
| HOLLYWOOD FL 33024 | | | | | · · · | | | |
| | • | | City | | | Zip Cod | le | |
| 8 The above | named entity submits this statement | for the nurrose of changing its | registered office of | r registered | agent, or both, in the State of Florida. | | | |
| | TIESTICE CHELLY CONTINUE THIS BELLOTTON | to the parpose of critinging its | , og.0.0.00 000 0 | , | egoin, or copy, in the olice or honder | | | |
| SIGNATURE . | Signature, typed or printed name of registered age | nt and title it annicable (NOT) | E: Registered Agent signs | ture recording whe | on reinstating) DAT | | | |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! | | | | | | | | |
| Tax filling requirement and elects to do so. | | After MAY 1, 20 | 100 Fee will be \$ | 550.00 | 10. Election Campaign Financing Trust Fund Contribution. | | D May Be d to Fees | |
| | ria on back) | | | | ADDITIONS IN LANGES TO DEFINE A | אולו מוסבמדמים | C IN 11 | |
| TITLE | P OFFICERS AN | D DIRECTORS Delete | 12. | T | ADDITIONS/CHANGES TO OFFICERS A | Change | | |
| NAME | SANCHEZ, MARIA | | NAME | | | | <u> </u> | |
| STREET ADDRESS | 641 N. 69 TERR. | | STREET ADDRESS CITY-ST-ZIP | 1 | | | | |
| CITY-ST-ZIP | HOLLYWOOD FL 33024 | ☐ Delete | TITLE | ┼ | . | Change | | |
| TITLE NAME | SANCHEZ, HERIBERTO | FI DEIBES | NAME | 1 | | Origings | - | |
| STREET ADDRESS | 641 N. 69 TERR. | . '1 | STREET ADDRESS | | | | | |
| CITY-SI-ZIP | HOLLYWOOD FL 33024 | <u>.</u> | CITY-ST-ZIP | 1 | | | _ | |
| TITLE : | | Delete | TITLE | | ترسي ساء دار | Change | Addition | |
| STREET ADDRESS | _ | | STREET ADDRESS |] | | | | |
| CITY-ST-ZIP | · | | CITY-ST-ZIP | ļ | | | | |
| TITLE | | ☐ Detete | DITE | | | Change | nolinbbA: 🔲 | |
| NAME Street address | | • | NAME Street address | 1 | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ł | | | | |
| TITLE | | ☐ Delete | πιε | | | ☐ Change | Addition | |
| NAME | | | NAME CTREET ADORSES | 1 | | | | |
| STREET ADDRESS City-St-Zip | | | STREET ADORESS CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | Change | Addition | |
| NAME | | • | NAME | | | | SP | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | . | |
| | Certify that the information supplied wi | ith this filling does not qualify for | | ted in Section | on 119.07(3)(i), Florida Statutes. I further one legal effect as if made under oath: that | certify that the i | nformation | |
| indicated | on this report of supplemental report | is true and accurate and that of | ny elanativa ehali l | neve the cam | a local effect se il made under ceth that | Lam an officer | or director | |

13. I hereby certify that the information supplied with this filling 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: A SQUARUE AND TYPED OR DESIGNAD OF SIGNAD OF