

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90196 019 ***150.00

01/23/03 AV

DOCUMENT # P99000048299

1. Entity Name
SANCHEZ HEAVY EQUIPMENT INC



Principal Place of Business
641 N. 69 TERR.
HOLLYWOOD FL 33024

Mailing Address
641 N. 69 TERR.
HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

36 27 N.W. 106 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA.

City & State

4. FEI Number 65-0915154

Applied For

Not Applicable

Zip

33147

Country

DADE.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, HERIBERTO
641 N. 69 TERR.
HOLLYWOOD FL 33024

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
SANCHEZ, MARIA
641 N. 69 TERR.
HOLLYWOOD FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

V
SANCHEZ, HERIBERTO
641 N. 69 TERR.
HOLLYWOOD FL 33024

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
MARIA E SANCHEZ

1-20-03

305-6961305

786 402 5857

Date

Daytime Phone #

CR2E034 (10/02)