

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000066295****1. Entity Name**
416 CORPORATION**FILED**
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90014 002 ***550.00

Principal Place of Business**10179 EL PARAISO PLACE**
DELRAY BEACH FL 33446**Mailing Address****10179 EL PARAISO PLACE**
DELRAY BEACH FL 33446**2. Principal Place of Business****15565 US RT 441****3. Mailing Address****15565 US RT 441**

Suite, Apt. #, etc.

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City & State**Delray Beach, FL****City & State****Delray Beach, FL****Zip****33446****Country****Palm Beach****Zip****33446****Country****Palm Beach****4. FEI Number****65-0937966****Applied For****Not Applicable****5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY**
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**7. Name and Address of New Registered Agent****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.****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 \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
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** **PD** ☐ Delete
NAME **SANZ, DAVID**
STREET ADDRESS **10179 EL PARAISO PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33446****TITLE** **VD** ☐ Delete
NAME **SANZ, CYNTHIA**
STREET ADDRESS **10179 EL PARAISO PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33446****TITLE** **SD** ☐ Delete
NAME **SANZ, MARK**
STREET ADDRESS **10179 EL PARAISO PLACE**
CITY-ST-ZIP **DELRAY BEACH FL 33446****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-28-00

CR2E034 (5/00)