

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S25962

1. Entity Name

SANZ ENTERPRISES, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90017 025 ***158.75

Principal Place of Business

1781 S.W. 21ST ST.
MIAMI FL 33145

Mailing Address

1781 S.W. 21ST ST.
MIAMI FL 33145-2721

2. Principal Place of Business

18531 S.W. 104 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

18531 S.W. 104 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL, 33157

Zip

Country

City & State

MIAMI, FL, 33157

Zip

Country

4. FEI Number

65-0237609

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANZ, JORGE A
1945 SW 23 TERR
MIAMI FL 33145

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 \$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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSTD
SANZ, RAFAEL M.
1781 S.W. 21ST ST.
MIAMI FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
SANZ, JORGE A
1945 SW 23 TERR
MIAMI FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

O
JIMENEZ, JOSEPH A
1615 SW 122 AVE, STE 12
MIAMI FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

TITLE

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CITY - ST - ZIP

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☐ Change

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2000

(305) 234-8553

CR2E034 (9/99)