

DOCUMENT # **S33897**

1. Entity Name

DOLORES K. SANCHEZ, P.A.

Principal Place of Business

Mailing Address

**4701 N. FEDERAL HIGHWAY
SUITE 316
LIGHTHOUSE POINT, FL 33064**

SCHE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0247980

Applied For

Not Applied

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DOLORES K. SANCHEZ, ESQ.
4701 N. FEDERAL HWY
STE 316
LIGHTHOUSE PT, FL 33064**

Name

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

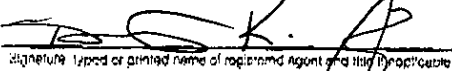
City

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 this is acceptable.

DOLORES K. SANCHEZ

(NOTE: Registered Agent signature required when ministering)

4-28-00

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(500 criteria on back)

FILE NOW!!! FEE IS \$15000**State MAY 11 2000 Fee will be \$550.00****Managerial Board in Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIR** ☐ Delete
NAME **DOLORES K. SANCHEZ**
STREET ADDRESS **4701 N. FEDERAL HWY STE 316**
CITY-ST-ZIP **LIGHTHOUSE PT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption found in Section 110.07(1)(b), Florida Statutes, 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 MANAGING OFFICER OR DIRECTOR

DOLORES K. SANCHEZ

Date

4-28-00 (954) 285-8585

Daytime Phone #