

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90261 023 ***158.75

DOCUMENT # 649530

1. Entity Name

"S" CORPORATION

Principal Place of Business

**3912 S.W. 8TH STREET
 CORAL GABLES FL 33134-2902
 US**

Mailing Address

**PO BOX 141275
 CORAL GABLES FL 33114
 US**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1957032**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANCHEZ, JUSTO F.
 3912 S.W. 8TH STREET
 CORAL GABLES FL 33134**

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, 2001 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, JUSTO F	
STREET ADDRESS	216 CAMPINA CT	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	CS	<input type="checkbox"/> Delete
NAME	SANCHEZ, JUSTO J.	
STREET ADDRESS	216 CAMPINA CT.	→
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PM	<input type="checkbox"/> Delete
NAME	SANCHEZ, LOURDES B.	
STREET ADDRESS	216 CAMPINA CT.	→
CITY-ST-ZIP	CORAL GABLES. FL.	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	LEONOR, RUA	
STREET ADDRESS	216 CAMPINA COURT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Justo J. Sanchez	
STREET ADDRESS	8955 Collins Ave. #115	
CITY-ST-ZIP	Miami Beach, FL 33154	
TITLE	P, C, M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lourdes B. Sanchez	
STREET ADDRESS	66 Campina Court	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Justo J. Sanchez* **Justo J. SANCHEZ** **Jan. 5, 2001** **(305) 444-6611**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)