

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91561 009 ***150.00

DOCUMENT # 501357 CB
1. Entity Name
SAS TRUCKING & WAREHOUSING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7270 NW 35TH TERR 7270 NW 35TH TERR
Suite, Apt. #, etc.

3. Mailing Address
7270 NW 35TH TERR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL
Zip Country
33122

City & State
MIAMI FL
Zip Country
33122

4. FEI Number
59-1683190
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
PHIL RIGGIO
Street Address (P.O. Box Number is Not Acceptable)
6241 OLD MART WAY
City
DAVIE FL Zip Code
33331

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> <u>MICHAEL ARZILLO</u> <u>3233 CARRADO AVE</u> <u>CORNER CITY FL 33326</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>9/00</u> <u>PHIL RIGGIO</u> <u>6241 OLD MART WAY</u> <u>DAVIE FL 33331</u>
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 305-592-9982 Daytime Phone #

CR2E034B (12/01)