

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90051 017 ***150.00

DOCUMENT # P00000030519

1. Entity Name
SAEZ ENTERPRISE, INC.

Principal Place of Business Mailing Address
3970 NW 196 ST. **3970 NW 196 ST.**
MIAMI FL 33055 **MIAMI FL 33055**

034000

2. Principal Place of Business 3. Mailing Address
2295 NW 92 St **2295 NW 92 St**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Miami, FL **Miami, FL** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional**
33147 **DADE** **33147** **DADE** Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
SAEZ, MARIA E Name **SAEZ, MARIA E. D.P.**
3970 NW 196 ST. Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33055 **2295 NW 92 St**
 City City State Zip Code
Miami **Miami** **FL** **33147**

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 **SAEZ, MARIA DP** **Y Maria E. Saez D.P.** **5-01-01**
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. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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	DP <input type="checkbox"/> Delete	TITLE	DP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAEZ, MARIA E	NAME	SAEZ, MARIA E
STREET ADDRESS	3970 NW 196 ST.	STREET ADDRESS	2295 NW 92 St
CITY-ST-ZIP	MIAMI FL 33055	CITY-ST-ZIP	Mia FL 33147
TITLE	V <input type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAEZ, HILDOLIDIA	NAME	SAEZ, HILDOLIDIA
STREET ADDRESS	3970 NW 196 ST.	STREET ADDRESS	2295 NW 92 St
CITY-ST-ZIP	MIAMI FL 33055	CITY-ST-ZIP	MIAMI, FL 33147
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, TIMOTHY	NAME	Morris Timothy
STREET ADDRESS	3970 NW 196 ST.	STREET ADDRESS	2295 NW 92 St
CITY-ST-ZIP	MIAMI FL 33055	CITY-ST-ZIP	miami, FL 33147
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Maria E. SAEZ** **Y Maria E. Saez D.P.** **5-01-01(305)694-8708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)