FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 25, 2003 8:00 am Secretary of State DOCUMENT # **P95000009899** 1. Entity Name 04-25-2003 90255 036 \*\*\*150.00 C & R SABAL, INC., Principal Place of Business Mailing Address 101 S.W. 52ND COURT 7331 CORAL WAY 11017714 MIAMI FL 33134 SUITE 240 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3298680 Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **VEGA, CLEMENTE** Street Address (P.O. Box Number is Not Acceptable) 101 S.W. 52ND COURT MIAMI FL 33134 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Change ☐ Addition Delete RODRIGUEZ CLEMENTE VEGA NAME NAME 101 S. W. 52ND COURT STREET ADDRESS STREET ADDRESS CITY-ST ZIP MIAMI FL 33134 CITY-ST-ZIP TITLE Change Addition ☐ Delete DE RODRIGUEZ, ERMINIA DUENA NAME NAME 101 S. W. 52ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33134 CITY-ST-ZIP Addition\_ ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I. 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 DIRECTO

Clemente Vega Pres

Daytime Phone #