

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 29 AM 11:05

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092882

1. Entity Name

Sac - Sul America Corporation

Principal Place of Business

2278 NW 82 AVE
Miami, FL 33122

Mailing Address

2278 NW 82 AVE
Miami, FL 33122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0874160

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EDUARDO FELNANDEZ
501 BRICKELL KEY DRIVE
Suite 400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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]

10/24/01

Signature, must be printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reappointing)

Date

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

☐

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

☐ Delete

TITLE PD
NAME ERNESTO QUIROGA
STREET ADDRESS 2278 NW 82 AVE
CITY- ST- ZIP MIAMI, FL 33122

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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TITLE
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CITY- ST- ZIP
500004679575-
-11/14/01--01095--00
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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 807, 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]

10/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 24, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: P98000092882
SAC-SULAMERICA

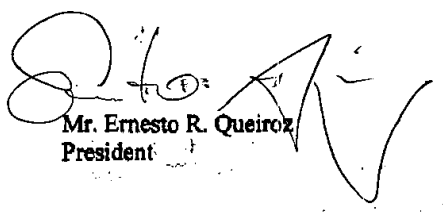
To Whom It May Concern:

As per our telephone conversation with one of your representative, we were advised you had the wrong address for the above corporation.

As instructed by the representative, attached we have enclosed a uniform business report, along with the \$150 payment. We are aware the address you have is incorrect.

We appreciate your help in this matter.

Sincerely,


Mr. Ernesto R. Queiroz
President