

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90051 010 ***150.00

0231376

DOCUMENT # P98000089335

1. Entity Name
SANGAR IMPEX, INC.

Principal Place of Business 1040 N.W. 128TH PLACE MIAMI FL 33182	Mailing Address 1040 N.W. 128TH PLACE MIAMI FL 33182
--	--

2. Principal Place of Business	3. Mailing Address P.O. Box 720474
--------------------------------	--

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Miami, FLORIDA	4. FEI Number 65-0870099	Applied For <input type="checkbox"/> Not Applicable
---------------------------------------	------------------------------------	--

Zip 33172	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
---------------------	-----------------------	---



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SANGUINO, JAVIER
1040 N.W. 128TH PLACE
MIAMI FL 33182

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

TITLE	P <input type="checkbox"/> Delete
NAME	SANGUINO, PABLO A
STREET ADDRESS	1040 NW 128TH PLACE
CITY-ST-ZIP	MIAMI FL 33182
TITLE	S <input type="checkbox"/> Delete
NAME	SANGUINO, PABLO J
STREET ADDRESS	1040 NW 128TH PLACE
CITY-ST-ZIP	MIAMI FL 33182
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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: Pablo Sanguino **04/04/2001** **3052263292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)