2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000051685

Entity Name: SABA MIAMI US CORP.

Current Principal Place of Business:

2 SOUTH BISCAYNE BLVD STE 2490 MIAMI, FL 33131

Current Mailing Address:

2 SOUTH BISCAYNE BLVD STE 2490 MIAMI, FL 33131 US

FEI Number: 38-4006554

Name and Address of Current Registered Agent:

SILVESTRI INTERNATIONAL CORP. 2 SOUTH BISCAYNE BLVD STE 2490 MIAMI, FL 33131 US

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: LORENZO SILVESTRI 04/09/2019 Electronic Signature of Registered Agent Date Date Officer/Directronic Signature of Registered Agent Title VP Name GALLI, VANIA Name GALLI, GIUSEPPE Address 2 SOUTH BISCAYNE BLVD STE 2490 Address 2 SOUTH BISCAYNE BLVD STE 2490 City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131 Title T VIENTRI, LORENZO MAMI FL 33131 Address 2 SOUTH BISCAYNE BLVD STE 2490 VIENTRI, LORENZO Address 3 SIUVESTRI, LORENZO VIENTRI, LORENZO VIENTRI, LORENZO Address 3 SUUTH BISCAYNE BLVD STE 2490 VIENTRI, LORENZO VIENTRI, LORENZO City-State-Zip: MIAMI FL 33131 VIENTRI, LORENZO VIENTRI, LORENZO Address 2 SOUTH BISCAYNE BLVD STE 2490 VIENTRI, LORENZO VIENTRI, LORENZO City-State-Zip: MIAMI FL 33131 VIENTRI LORENZO VIENTRI LORENZO City-State-Zip: MIAMI FL 33131 VIENTRI LORENZO VIENTRI LORENZO City-State-Zip: MIAMI FL 33131 VIENTRI LO						
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NameGALLI, VANIANameGALLI, GIUSEPPEAddress2 SOUTH BISCAYNE BLVD STE 2490Address2 SOUTH BISCAYNE BLVD STE 2490City-State-Zip:MIAMI FL 33131City-State-Zip:MIAMI FL 33131TitleTTSILVESTRI, LORENZOYesNameSILVESTRI, LORENZOYesYesAddress2 SOUTH BISCAYNE BLVD STE 2490Yes	Officer/Director Detail :					
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NameSILVESTRI, LORENZOAddress2 SOUTH BISCAYNE BLVD STE 2490	City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131		
Address 2 SOUTH BISCAYNE BLVD STE 2490	Title	т				
	Name	SILVESTRI, LORENZO				
City-State-Zip: MIAMI FL 33131	Address	2 SOUTH BISCAYNE BLVD STE 2490				
	City-State-Zip:	MIAMI FL 33131				

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

P, S

SIGNATURE: VANIA GALLI

Electronic Signature of Signing Officer/Director Detail

FILED Apr 09, 2019 Secretary of State 3059009597CC

Certificate of Status Desired: No

04/09/2019 Date