

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90020 042 ***150.00

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DOCUMENT # 321759

1. Entity Name
SAHCO INCORPORATED

Principal Place of Business
1670 N.W. 94TH AVE.
MIAMI FL 33172-2836
US

Mailing Address
1670 N.W. 94TH AVE.
MIAMI FL 33172-2836
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1202154**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL DAGO, CARMEN
2890 N.W. 35TH STREET
MIAMI FL 33142

Name **Carmen Del Dago**
 Street Address (P.O. Box Number is Not Acceptable)
1670 N. W. 94th Avenue
 City **Miami** **FL** Zip Code **33172**

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

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	STD	<input type="checkbox"/> Delete
NAME	DEL DAGO, CARMEN	
STREET ADDRESS	2890 N.W. 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEL DAGO, ROSA	
STREET ADDRESS	2890 N.W. 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEL DAGO, MANUEL	
STREET ADDRESS	2890 N.W. 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEL DAGO, ROSA F	
STREET ADDRESS	2890 NW 35TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Dago, Carmen	
STREET ADDRESS	1670 N. W. 94th Avenue	
CITY-ST-ZIP	Miami, FL 33172-2836	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Dago, Rosa	
STREET ADDRESS	1670 N. W. 94th Avenue	
CITY-ST-ZIP	Miami, FL 33172-2836	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Dago, Manuel	
STREET ADDRESS	1670 N. W. 94th Avenue, Miami, FL	
CITY-ST-ZIP	33172-2836	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Del Dago, Rosa F.	
STREET ADDRESS	1670 N. W. 94th Avenue	
CITY-ST-ZIP	Miami, FL 33172-2836	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)