2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

F01000002710 **DOCUMENT #**

1. Entity Name SA DEL II, INC.

Principal Place of Business

Mailing Address

350 CAMINO SUITE 303 BOCA RATON	GARDENS BLVD. FL 33432	350 Cămino Gardens Blvd. Suite 303 Boca Raton Fl 33432								
2. Principal Place of Business		3. Mailing Address							Bill Barla (1961) 1	8001 MBM 1181 MBM
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City & State				- 4	4. F	El Number 65-1103994	•	Applied For Not Applicable
Zip	Country Zip			Count	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Ag			d Agent				7. Name and Address of New Registered Agent			
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	PORATION SYSTEM ITH PINE ISLAND ROAD	Stree			Street Ad	Address (P.O. Box Number is Not Acceptable)				
	ON FL 33324	. •								
					City					Code
	named entity submits this statement fo ions of registered agent.	r the purp	ose of changing its i	registere	ed office or	registered	age	ent, or both, in the State of Florida. I	am familiar w	ith, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	and title if appl	icable. (NOTE:	; Registered	I Agent signatu	are required whe	en reir	nstating) DA	TE	
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FILE NOW!!! FEE (\$ \$150.00 / After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of		f State	tate				Election Campaign Financing Trust Fund Contribution.		5.00 May Be	
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10.	OFFICERS AND DPST	DIRECTO		11.			ADI	DITIONS/CHANGES TO OFFICERS		
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STREET ADDRESS				STREE	T ADDRESS				• '	1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90253 005 ***150.00

Date