

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90113 003 \*\*\*150.00

**DOCUMENT # F94000005358**

1. Entity Name  
**SARILA, S.A.**

Principal Place of Business

% BORIS ROSEN  
~~25 SE 2ND AVE SUITE 220~~  
**MIAMI FL 33131**

Mailing Address

% BORIS ROSEN  
~~25 SE 2ND AVE SUITE 220~~  
**MIAMI FL 33131**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**150 SE 2ND AVENUE**

Suite, Apt. #, etc.

**#1200**

City & State  
**MIAMI, FL 33131**

3. Mailing Address  
**150 SE 2ND AVENUE**

Suite, Apt. #, etc.

**#1200**

City & State  
**MIAMI, FL 33131**

4. FEI Number **98-0051935**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**US**

Zip  
**33131**

Country  
**US**

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

6. Name and Address of Current Registered Agent

**ROSEN, BORIS**  
~~25 SE 2ND AVE~~  
**SUITE 220**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **BORIS ROSEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 SE 2ND AVENUE, SUITE #1200**  
 City **MIAMI FL** Zip Code **33131**

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]*  
 Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *1-13-02*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP MODIANO, RICARDO 2800 ISLAND BLVD, APT 2101 WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MODIANO, JACOB 2800 ISLAND BLVD, APT 2101 WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROITER, SARITA 2800 ISLAND BLVD, APT 2101 WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MODIANO, LAURA 2800 ISLAND BLVD, APT 2101 WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jacob Modiano* **JACOB MODIANO, VC** Jan. 13/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)