2001 UNIFORM BUSINESS REPORT (UBR)						FILED				
DOCUMENT # F9800003424						Mar 08, 2	2001	8:0	0 am	
1. Entity Name						Secretai	rv of	f Sta	te	
SAVANE INTERNATIONAL CORP.						03-08-2001 90				
			7.	•		03-08-2001 90	002 011	130.	00	
Principal Plac	ce of Business	Mailing Address			_					
4171 N MESA		PO BOX 13800								
BLDG D STE 50		EL PASO TX 79913-1433			1	,	320	บฮบ		
EL PASO TX 79	39,2-1433									
						- 1 1 <b>83</b> 1100 1110 1818: 1811 <b>88</b> 111 88111 81		<b>.</b>		
2. Principal F	Place of Business	3. Mailing Address						4       <b>                              </b>		
Cuite And		D % And # ala								
Suite, Apt.	-#, eτc.	Suite, Apt. #, etc.			1	DO NOT WRITE	IN THIS S	PACE		
City & Stat	le	City & State			4. F	FEI Number 74-1061146		TAI	oplied For	
						74-1001140		<del></del>	ot Applicable	
Zip	Country	Zip	Count	ry	5. (	Certificate of Status Desired		\$8.75 Add		
·	O Norman Addition of Comment		<u> </u>	<del></del>				Fee Require	ed	
	6. Name and Address of Current R	egistered Agent		Name	/, r	lame and Address of New Re	gistered A	gent		
C T CORPORATION SYSTEM						<u> </u>				
1200 SOUTH PINE ISLAND ROAD				Street Addres	s (P.O. B	lox Number is Not Acceptable)				
PLAN	ITATION FL 33324		ţ							
				Cit.		<del>_</del> , -,		T Zin Cod		
				City			FL	Zip Cod		
8. The above	named entity submits this statement for	he purpose of changing its	registere	d office or regis	tered ag	ent, or both, in the State of Flor	ida.			
SIGNATURE.	Signature, typed or printed name of registered agent an	della Karalia della dell	F. Dr. '	A			DATE			
	Signature, typed or printed name or registered agent an	trate if applicable. (NOT	E: Registered	Agent signature requ	tred when re	ansæung)	- DATE			
	pration is eligible to satisfy its Intangible		FILE NOW!!! FEE IS \$150.00			10. Election Campaign Fina	ncing	\$5.0	<b>0</b> May Be	
_	requirement and elects to do so. ria on back)	After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Contribution.			d to Fees	
11.	OFFICERS AND D	<u> </u>	12.	partment of o		LIDITIONS/CHANGES TO OFFIC	SEDS AND	DIRECTOR	S IN 11	
TITLE	P	□ Delete	TITLE		$\overline{}$			☐ Change	Addition	
NAME	MITCHELL, MICHAEL R		NAME		Se6	2 Attached				
STREET ADDRESS 4171 NORTH MESA BLDG. D SUITE 500			STREE	T ADDRESS						
CITY-ST-ZIP EL PASO TX 79902			CITY-	ST-ZIP						
TITLE	V	Delete	TITLE NAME					Change	Addition	
NAME STREET ADDRESS	MCPHERSON, N. L 4902 W. WATERS AVENUE			T ADDRESS						
CITY-ST-ZIP	TAMPA FL 33634-1302			ST-ZIP						
TITLE	VD	Detete	- TITLE		~.~.			Change		
NAME	KAGAN, MICHAEL		NAME				<u></u>	€—— <b>*</b> ====================================		
STREET ADDRESS 4902 W. WATERS AVENUE				T ADDRESS						
CITY-ST-ZIP	TAMPA FL 33634-1302		CITY-	ST-ZIP	· <u> </u>					
TITLE	MADTINEZ CH DEDT	☐ Delete	TITLE					☐ Change	Addition	
NAME Street address	Martinez, Gilbert   4171 N. Mesa, Bldg. D, Suite 50	10	NAME STREE	T ADDRESS						
		•	- OE.							

CITY-ST-ZIP E. PASO TX 79902-1433 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change GILLOCK, LESLIE NAME NAME 4902 2 W WATERS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634-1302 TITLE ☐ Delete TITLE Change ☐ Addition KERNAGHAN, GARY J NAME NAME STREET ADDRESS 4171 N. MESA, BLDG. D, SUITE 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP E. PASO TX 79902-1433

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

(813)249-4900