

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91466 044 ***150.00

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DOCUMENT # G72608

1. Entity Name
SASKA, INC.



Principal Place of Business
**1190 NW 95TH STREET
404
MIAMI FL 33150
US**

Mailing Address
**7150 WEST 20TH AVENUE
412
HIALEAH FL 33016
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4000 TOWERSIDE TERRACE 2302

City & State

City & State

MIAMI, FLORIDA

Zip

Country

Zip

Country

33138

U.S.A.

4. FEI Number

59-2353296

Applied For

Not Applicable

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

**SASTREIN, CESAR M
1190 NW 95TH STREET 404
MIAMI FL 33150**

Name **CESAR A. SASTRE, ESQ.**

Street Address (P.O. Box Number is Not Acceptable)

1086 NE 96 ST

City

MIAMI SHORES

FL

Zip Code

33138

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature based on printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-10-2003

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SASTRE, CESAR J M.D.**
STREET ADDRESS **4000 TOWERSIDE TERRACE #2302**
CITY-ST-ZIP **MIAMI FL 33138-2241**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED CESAR J. SASTRE, M.D. President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)