

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G87762**

1. Entity Name
SARON ENTERPRISES, INC.

Principal Place of Business

**9875 BIRD ROAD
MIAMI FL 33165**

Mailing Address

~~9875 BIRD ROAD~~
~~MIAMI FL 33165~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

9688 SW 24 Street

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33165

Country

USA

4. FEI Number **59-2361049**

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

**MARQUEZ, JOSE M.
782 NW LEJEUNE RD
SUITE 548
MIAMI FL 33126**

Name

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

City

FL

Zip Code

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, 2001 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 **PD** ☐ Delete
NAME **HERRAN, MANUEL A.**
STREET ADDRESS **8460 S.W. 5TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **AST** ☐ Change ☒ Addition
NAME **HERNANDEZ, Anael**
STREET ADDRESS **21 SW 129 Avenue**
CITY-ST-ZIP **Miami, FL 33184**

TITLE **VPD** ☐ Delete
NAME **GUERRA, ARMANDO J.**
STREET ADDRESS **9475 JOUNEY'S END ROAD**
CITY-ST-ZIP **CORAL GABLES FL**

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

TITLE **TD** ☐ Delete
NAME **HERRAN, JOSE ANTONIO**
STREET ADDRESS **8455 GRAND CANAL DR.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VPD** ☒ Delete
NAME **URALDE, ALDO**
STREET ADDRESS **1310 SW 99TH AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **URALDE, Aldo**
STREET ADDRESS **1310 SW 99 Avenue**
CITY-ST-ZIP **Miami, FL**

TITLE **SD** ☐ Delete
NAME **VALDES, DANIEL R.**
STREET ADDRESS **9755 SW 62 ST**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 #

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90057 041 ***150.00

115000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)