

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 91040 030 \*\*\*150.00

0280016 AV

**DOCUMENT # G87762**

1. Entity Name  
**SARON ENTERPRISES, INC.**



Principal Place of Business  
**9875 BIRD ROAD  
MIAMI FL 33165**

Mailing Address  
**9688 SW 24 ST.  
MIAMI FL 33165**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2361049**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 HERRAN, MANUEL A.  
STREET ADDRESS 8460 S.W. 5TH STREET  
CITY-ST-ZIP MIAMI FL

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

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 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 VP ☒ Delete  
NAME URALDE, ALDO  
STREET ADDRESS 1310 SW 99 AVE.  
CITY-ST-ZIP MIAMI FL 33184

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

TITLE AT ☒ Delete  
NAME HERNANDEZ, ANAEL  
STREET ADDRESS 782 NW LEJEUNE ROAD, SUITE 548  
CITY-ST-ZIP MIAMI FL 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*MANUEL A. HERRAN* 1/27/03 221-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)