

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 15, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000005390**1. Entity Name  
**SASKIA CONSULTING LLC**

Principal Place of Business	Mailing Address
404 S. 57TH TERRACE	404 S. 57TH TERRACE
HOLLYWOOD FL 33023	HOLLYWOOD FL 33023

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1520 NW 125TH AVENUE
City & State	Suite, Apt. #, etc.
Zip	# 306
Country	City & State
	SUNRISE FL
	Zip
	Country
	33323

4. FEI Number  
**65-0990684**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CARMEN GARCIA WIEDENHOEFT**  
**404 SOUTH 57TH TERRACE****HOLLYWOOD FL 33023 US****7. Name and Address of New Registered Agent**Name  
**CARMEN GARCIA WIEDENHOEFT**Street Address (P.O. Box Number is Not Acceptable)  
**1520 NW 125TH AVENUE**# **306**City  
**SUNRISE****FL**Zip Code  
**33323**

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 \_\_\_\_\_ **01/15/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS**

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

**10. ADDITIONS / CHANGES**

TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WIEDENHOEFT KURT W		
STREET ADDRESS	1520 NW 125TH AVENUE, # 306		
CITY-ST-ZIP	SUNRISE FL 33323		
TITLE	MGR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WIEDENHOEFT CARMEN G		
STREET ADDRESS	1520 NW 125TH AVENUE, # 306		
CITY-ST-ZIP	SUNRISE FL 33323		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE: CARMEN WIEDENHOEFT** **DIR** **01/15/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)