4/3

...AM BUSINESS REPORT (UBR)

FILED
Jul 25, 2002 8:00 am
Secretary of State
04-30-2002 90107 002 ***150.00

...GMENT # L01000013283

Entity Name
SAGA, LLC

39699 [redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9601 N.W. 33RD ST. MIAMI FL 33172	9601 N.W. 33RD ST. MIAMI FL 33172

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90 — 0024867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CABRERA, VILMA L
9601 N.W. 33RD ST.
MIAMI FL 33172

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Pierre Hachar 2400 Magnolia Pne North Miami, FL 33181 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Vilma L. Cabrera 9601 NW 33rd ST Miami, FL 33172 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Nelson Cabrera 9601 NW 33rd ST Miami, FL 33172. ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Additio

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

4/30/2002-90107-002-$150.00-$150.00

[redacted]

Attachment 39699

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013283

1. Entity Name

SAGA, LLC

Principal Place of Business	Mailing Address
9601 N.W. 33RD ST. MIAMI FL 33172	9601 N.W. 33RD ST. MIAMI FL 33172

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 90-0024867 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CABRERA, VILMA L 9601 N.W. 33RD ST. MIAMI FL 33172	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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: ______ SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Attachment #L01000013283

[redacted]

39699

LILLY & ASSOCIATES INTERNATIONAL
TRANSPORTATION & LOGISTICS

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Lilly & Associates International, Inc.
9601 NW 33rd Street
Miami, FL 33172

July 5th, 2002

RE: SAGA, LLC
Ref# L01000013283
Uniform Business Report (UBR)
Due on May 1, 2002

Dear Sir/Madam:

Our office has received a letter for above reference recently.

According to our record, we filed UBR along with a check for 150.00 (enclosed) on 4/19/02. Since we did not receive an IRS notice for the FEI, we left FEI unfilled.

We then re-filed the UBR with the FEI number that granted by IRS (enclosed) in May 2002.

Please verify the information for us, and we would like $100.00 refund to us (since we had overpaid the fee).

Thank you for your help.

Sincerely,

Christina Chu

Christina Chu, CPA
CFO/Controller

9601 N.W. 33rd Street, Miami, FLORIDA 33172
TEL: (305) 513-9540 • FAX: (305) 594-0022 • Toll Free 1-888-GO-4-LILY • (1-888-464-5459)

8815

LILLY&ASSOCIATESINTERNATIONAL
9601 N.W. 33rd St., Miami, Florida 33172
(305) 513-9540 Fax (305) 594-0022

UNION PLANTERS BANK
CORAL GABLES OFFICE
CORAL GABLES, FL 33134
63-841-670

PAY****ONE HUNDRED FIFTY AND 00/100 DOLLARS****

TO THE ORDER OF

DEPARTMENT OF STATE

TALLAHASSEE, FL

DATE 04/19/02

AMOUNT ****150.00

NOT NEGOTIABLE

⑈008815⑈ ⑆063104166⑆ ⑈637160555⑈

LILLY & ASSOCIATES INTERNATIONAL

8815

04/19/02 DOC# L010000013283

DUE TO/FROM AFFILIAT 150.00

Attachment H

L01000013283

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