

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 49000003965

1. Entity Name

SAG02, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 16 PM 4:29

Principal Place of Business 10248 NW 57 ST MIAMI, FL 33178	Mailing Address 10248 NW 57 ST MIAMI, FL 33178
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2. Principal Place of Business 10248 NW 57 ST Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State
Zip 33178	Country U.S.A.

4. FEI Number 65-0933382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SAG02 MARIA PAZLY
10248 NW 57 ST
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
SALCEDO SANDRA
Street Address (P.O. Box Number is Not Acceptable)
10248 NW 57 ST
City
MIAMI FL Zip Code 33178

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 *Sandra Salcedo*
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 MEMBER	NAME SALCEDO SANDRA	<input type="checkbox"/> Delete
STREET ADDRESS 10248 NW 57 ST	CITY-ST-ZIP MIAMI, FL 33178	
TITLE MEMBER	NAME SAG02 MARIA PAZLY	<input type="checkbox"/> Delete
STREET ADDRESS 10248 NW 57 ST	CITY-ST-ZIP MIAMI, FL 33178	
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS	<input type="checkbox"/> Delete
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sandra Salcedo* 06-12-00 (305) 629-8545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (11/99)