

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90183 035 \*\*\*\*61.25

**DOCUMENT # N20742**

1. Entity Name

**SAGA LAKE INC.**

Principal Place of Business

Mailing Address

**100 S.W. 12TH AVE., SUITE #A  
 3RD FLOOR  
 MIAMI FL 33130  
 US**

**300 S.W. 12TH AVE., SUITE #A  
 3RD FLOOR  
 MIAMI FL 33130  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2806942**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, GUARIONE M.  
 1223 SW 4TH STREET  
 MIAMI FL 33135**

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 \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, GUARIONE M.</b>	NAME	
STREET ADDRESS	<b>1223 SW 4TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, ALINA E.</b>	NAME	
STREET ADDRESS	<b>1223 SW 4TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWITZER, RAQUEL C</b>	NAME	
STREET ADDRESS	<b>1223 SW 4TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAZOS, ANDRES</b>	NAME	
STREET ADDRESS	<b>1223 SW 4TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE GOYTISOLO, AGUSTIN</b>	NAME	
STREET ADDRESS	<b>1223 SW 4TH STREET</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

2. 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 617, 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:

*Josou Fabre 99*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02/01/02 (305) 642-3634*  
 Date Daytime Phone #

CR2E037 (9/01)

Attachment Document # N20742 B0029966

**Item 10.**

<b>Title</b>	<b>Name/Address</b>
President/Director	Diaz, Guarione M. 1223 SW 4 Street Miami, Florida 33135
Secretary/Director	Santana, Cristina 1223 SW 4 Street Miami, Florida 33135
<del>Vice-President/Director</del>	<del>Pazos, Andres</del> <del>1223 SW 4 Street</del> <del>Miami, Florida 33135</del>
Treasurer/Director	Switzer, Raquel C. 1390 So Dixie Hwy, #1108 Coral Gables, FL 33146
Director	Fabregas, Jose 1223 SW 4 Street Miami, FL 33135
Director	Barreto, Marielena 1223 SW 4 Street Miami, FL 33135
Director	Galan, Juan 1223 SW 4 Street Miami, FL 33135