To: From: Spiegel & Utrera

May 17, 2001 8:00 am
Secretary of State
05-17-2001 91289 034 ***150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006082

1. Entity Name
SAGA GLOBAL SERVICES CORPORATION

Principal Place of Business: DADE COUNTY, FLORIDA.

Mailing Address: 520 BRICKELL KEY DRIVE SUITE 517 MIAMI, FLA. 33131

400062817

DO NOT WRITE IN THIS SPACE

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: 65 0975894 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AV.
CORAL-GABLES - FLA 33134.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: VICEPRESIDENT NAME: LUIS SANTACOLOMA STREET ADDRESS: 520 BRICKELL KEY DRIVE #517 CITY-ST-ZIP: MIAMI, FLA 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME: LUIS CARLOS GAVIRIA STREET ADDRESS: 650 WEST AV #603 CITY-ST-ZIP: MIAMI BEACH FLA 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04-24-01 (305) 358 6002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #