

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006098

1. Entity Name

NEW SABOR FEED, INC.

Principal Place of Business

11890 NW 87TH CT., BAY 11  
HIALEAH GARDENS FL 33016

Mailing Address

11890 NW 87TH CT., BAY 11  
HIALEAH GARDENS FL 33016

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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAIGE, GRAF  
11890 NW 87TH CT., BAY 11  
HIALEAH GARDENS FL 33016

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, 2001 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

TITLE PTD ☐ Delete  
NAME DE LA HOZ, FELIPE A  
STREET ADDRESS 14783 NW 87TH CT.  
CITY-ST-ZIP MIAMI FL 33018

TITLE VD ☐ Delete  
NAME DE LA HOZ, FELINE  
STREET ADDRESS 586 NW 153RD ST.  
CITY-ST-ZIP MIAMI FL 33169

TITLE SD ☒ Delete  
NAME DE LA HOZ, ISELDA  
STREET ADDRESS 14783 NW 87TH CT.  
CITY-ST-ZIP MIAMI FL 33018

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition  
NAME DE LA HOZ, FELIPE R  
STREET ADDRESS 586 NW 153 Street  
CITY-ST-ZIP MIAMI FL 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-26-01

**FILED**  
**May 07, 2001 8:00 am**  
**Secretary of State**

05-07-2001 90049 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0100909

CR2E034 (10/00)