

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90100 039 ***150.00

DOCUMENT # P00000028694

1. Entity Name

Saviatecon Services, Inc.

1503 NW 158th Avenue
Pembroke Pines, FL 33028

***NEW**

***NEW**

2. Principal Place of Business

8050 NW 10th Street #6

3. Mailing Address

8050 NW 10th Street #6

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0997181

Applied For

Not Applicable

Zip

33126

Country

USA

Zip

33126

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

Samael Alborno
1503 NW 158th Avenue
Pembroke Pines, FL 33028

***NEW**

7. Name and Address of Current Registered Agent

Name

Samael Alborno

Street Address (P.O. Box Number is Not Acceptable)

8050 NW 10th Street #6

City

Miami

FL

Zip Code

33126

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PD
NAME Samael Alborno
STREET ADDRESS 1503 NW 158th Avenue
CITY-ST-ZIP Pembroke Pines, FL 33028

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CITY-ST-ZIP

NEW ADDRESS
TITLE PD
NAME Samael Alborno
STREET ADDRESS 8050 NW 10th Street #6
CITY-ST-ZIP Miami, FL 33126

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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 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 #

Attachment
LASHBROOK & WOLLARD, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook

*Member of the
Florida Institute of
Certified Public Accountants*

4481 Stirling Road
Fort Lauderdale, Florida 33314
Telephone: (954) 581-8112
Fax: (954) 581-2554
info@lbrook.com

September 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Saviatecon Services, Inc.
Document # P00000028694

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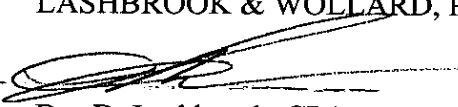
To whom it may concern:

We are the Certified Public Accountants for the above referenced corporation. It recently came to our attention that our client did not receive their 2002 UBR Report and that it is probably due to the fact that their mailing address has changed.

We contacted the State and they informed us to mail the UBR Report with \$150.00 immediately. Enclosed please find the report and check for \$150.00 as requested. If you should have any questions, please contact our office. Thank you.

Sincerely,

LASHBROOK & WOLLARD, P.A.


Dru D. Lashbrook, CPA
for the firm.

DDL/kd
Enclosures