

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90307 026 ***150.00

DOCUMENT # P00000029371

1. Entity Name
SABOR ENTERPRISES, INC.

Principal Place of Business Mailing Address
 9212 S.W. 151 COURT 9212 S.W. 151 COURT
 MIAMI FL 33196 MIAMI FL 33196

new Place of Business + mailing address.

2. Principal Place of Business
9510 SW 137 AVE

3. Mailing Address
same

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
 City & State

Zip
33186

Country
USA

4. FEI Number
65-0993454

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MANGIERO, DAVID ESQ.
12790 SOUTH DIXIE HIGHWAY
MIAMI FL 33156

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASSO, ROBERTO A		NAME	9510 SW 137 AVE	
STREET ADDRESS	POST OFFICE BOX 960661		STREET ADDRESS	MIAMI, FL 33186	
CITY-ST-ZIP	MIAMI FL 33296		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SASSO, MAYRA I		NAME	9510 SW 137 AVE	
STREET ADDRESS	POST OFFICE BOX 960661		STREET ADDRESS	MIAMI, FL 33186	
CITY-ST-ZIP	MIAMI FL 33296		CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Roberto A. Sasso* **ROBERTO A. SASSO** **305-288-559**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #