

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000036830

1. Entity Name 1040 SGR, INC.

FILED

02 MAR 15 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1040 Spring Garden Road

3. Mailing Address
8510 SW 4 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Miami, Florida

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State

4. FEI Number
650998382

Applied For
Not Applicable

Zip
33125

Country
US

Zip
33144

Country
US

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Victor Hugo Rams Sr., Esq.

Street Address (P.O. Box Number is Not Acceptable)
5840 West Flagler St, Suite #1

City Miami FL Zip Code 33144

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 Victor Hugo Rams Sr., Esq. *Victor Hugo Rams* 03/12/02
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 NAME STREET ADDRESS CITY-ST-ZIP	P/D Rolando Penate 8510 SW 4 Street Miami, Florida 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Zonia Penate 8510 SW 4 Street Miami, Florida 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005195554--6 -04/05/02--01052--011 *****61.25 *****61.25
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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 empowerments.

SIGNATURE: Rolando Penate *ROLANDO PENATE* 3-12-02 (305) 220 2055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)