## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P0000042537 1. Entity Name SOUTHERN ATLANTIC ENTERPRISES, INC. 05-10-2001 90115 040 \*\*\*158.75 Mailing Address Principal Place of Business 2921 N. BELMONT LANE 2921 N. BELMONT LANE COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address 725 WESTWARD DRIVE 725 WESTWARD DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State MiAMI Springs 65-1002898 Miami Springs, Fl. Not Applicable Zip Country U.S. A. \$8.75 Additional 5. Certificate of Status Desired U.S. A. Fee Required 33166 33166 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Constantino Hernandez ALBRIECHT, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 2921 N. BELMONT LANE COOPER CITY FL 33026 725 WESTWARD DRIVE MIAMI SPrings 8. The above named entity submits this statement for the purpose of changing its registered egistered agent, or both, in the State of Florida. Constantino Hernandez FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE NAME NAME ALBRECHT, MICHAEL A STREET ADDRESS STREET ADDRESS 2921 N. BELMONT LANE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 TITLE ☐ Delete TITLE Hernandez, Constantino 725 Westward Drive NAME HERNANDEZ, CONSTANTINO NAME STREET ADDRESS STREET ADDRESS 2921 N. BELMONT LANE. Miami Springs, Fl. 33166 CITY-ST-ZIP ---CITY-ST-ZIP COOPER CITY FL 33026 ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 tructes 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: