

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

03-13-2001 90323 009 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P00000046879

**1. Entity Name**

**SATURNO U.S.A. ENTERPRISES SPORT & MUSIC, INC.**

**Principal Place of Business**      **Mailing Address**

**3959 OSPREY COURT**      **3959 OSPREY COURT**  
**WESTON, FL. 33331**      **WESTON, FL. 33331**

**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**  
**65-1006315**      **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ALBERTO ROMERO-RIVEROS**  
**3959 OSPREY COURT**  
**WESTON, FL. 33331**

**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**      **ALBERTO ROMERO-RIVEROS**      **3/5/2001**  
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**      **10. Election Campaign Financing Trust Fund Contribution.**      **\$5.00 May Be Added to Fees**

**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>S/T</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>SERGIO N. URIBE</b>	
<b>STREET ADDRESS</b>	<b>11490 SW 57 ST</b>	
<b>CITY-ST-ZIP</b>	<b>Miami, FL. 33173</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>PAULA ROMERO VEGA</b>	
<b>STREET ADDRESS</b>	<b>16A no. 78-55 Of. 507</b>	
<b>CITY-ST-ZIP</b>	<b>BOGOTA, COLOMBIA</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>P/T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ALBERTO ROMERO RIVEROS</b>	
<b>STREET ADDRESS</b>	<b>3959 Osprey Court</b>	
<b>CITY-ST-ZIP</b>	<b>Weston, FL. 33331</b>	
<b>TITLE</b>	<b>V-P/S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>MARCELA VEGA GARCIA</b>	
<b>STREET ADDRESS</b>	<b>3959 Osprey Ct.</b>	
<b>CITY-ST-ZIP</b>	<b>Weston, FL. 33331</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**      **ALBERTO ROMERO-RIVEROS**      **3/5/01 659-2217**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #