2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P00000046879



1. Entity Name SATURNO U.S.A. ENTERPRISES SPORT & MUSIC, INC. 90032297 Mailing Address Principal Place of Business 3959 OSPREY COURT 3959 OSPREY COURT WESTON FL 33331 WESTON FL 33331 2. Principal Place of Business 3. Mailing Address c+ 3959 OSPREY 3959 OSPREY Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 65-1006315 Florida weston Not Applicable westo N Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired 3 333 Fee Required 7. Name and Address of New Registered Agent =6.-Name and Address of Current Registered Agent Name ROMERO-RIVEROS : ALBERTO -Street Address (P.O. Box Number is Not Acceptable) 3959 OSPREY COURT WESTON FL 33331 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. CR2E034 (10/02) ☐ Addition ☐ Change ☐ Delete TITLE ROMERO-RIVEROS, ALBERTO NAME NAME 3959 OSPREY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP Change ☐ Addition ☐ Delete VPSD TITLE TITLE NAME NAME GARCIA, MARCELA V STREET ADDRESS STREET ADDRESS 3959 OSPREY COURT CITY-ST-ZIP WESTON FL 33331 CITY-ST-ZIP Secretary ☐ Change 💹 Addition TITLE TITLE Heli Vega NAME NAME STREET ADDRESS 3959 Osprey STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE . 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-ZIP Change ☐ Addition TILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling 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 supplied under supplied with this filling 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 of supplied under supplie

SIGNATURE:

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FILED Feb 21, 2003 8:00 am

Secretary of State

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