

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90866 001 \*\*\*150.00

**DOCUMENT # P00000050695**

1. Entity Name  
**SAAD TENNIS INC.**



Principal Place of Business  
**1848 S.W. 11TH TERRACE  
MIAMI FL 33135**

Mailing Address  
**1848 S.W. 11TH TERRACE  
MIAMI FL 33135**

**10031100**



2. Principal Place of Business

3. Mailing Address

**455 GRAND BAY DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**APT. # 282**

City & State

City & State

**KEY BISCAYNE FL**

Zip

Country

Zip

Country

**FL 33149**

**USA**

4. FEI Number **65-1016438**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANGUART, JULIO E  
1428 BRICKELL AVENUE  
MAIN FLOOR  
MIAMI FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>D</b>	<b>SAAD, ROBERTO</b>	<b>1848 S.W. 11TH TERRACE MIAMI FL 33135</b>				
	<b>D</b>	<b>SAAD, RAUL</b>	<b>1848 S.W. 11TH TERRACE MIAMI FL 33135</b>				

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE OF ROBERTO SAAD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 3, 2003 305-801-4648**

Date

Daytime Phone #

CR2E034 (10/02)